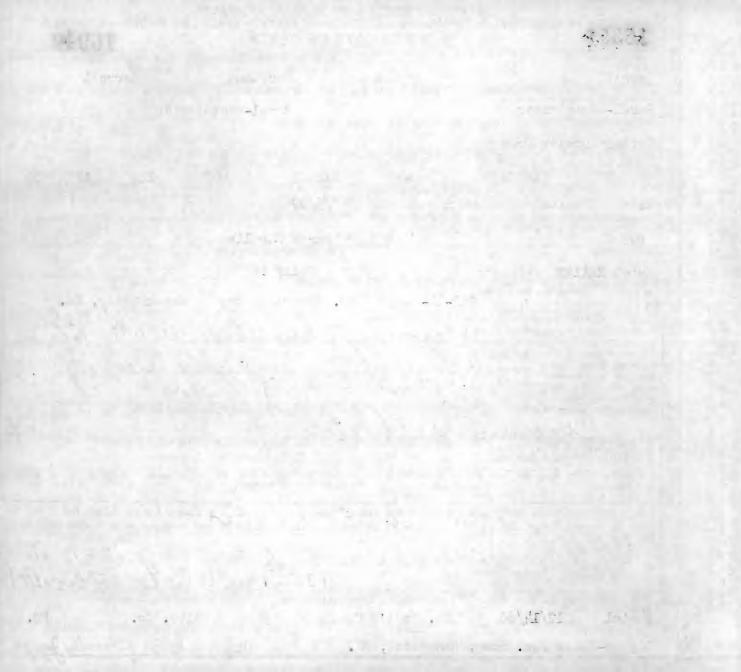
1	16949	CERTIFIC	ATE OF DEATH		Reg. Dist. No. 1694
1	1. PLACE OF DEATH O. COUNTY Carrull	MARYLAND	Maryla	b. COUNTY	Corral
,	b. CITY OR TOWN (If outside corporate limits RURAL and give negrest town)	17 yours	É. CITY OR TOWIN (If ou	tside corporate limits, write R	RURAL ond give nearest town)
1	d. NAME OF HOSPITAL (If not in hospital, gi- OR INSTITUTION	ve street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO D
No.	3. NAME OF DECEASED (Type or print) MINN	ie (Middle	Asper	4. DATE Mor	nih Day Yeor
	Jemale White	7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Sent 26 - 18	9. AGE (In years lost birthdoy) 8 2 yrs.	Months Doys Hours Min.
	10d. USUAL OCCUPATION (Give kind of work de during most of working life, even if retired)	one 10b. KIND OF BUSINESS OR INDU	Carrell	foreign country) Co Md	12. CITIZEN OF WHAT COUNTR
	7. FATHER'S NAME THE RELEVICE B	OUTNOT	14. MOTHER'S MAIDEN NA	E Stu	NAP
	1S. WAS DECEASEDEVER IN U. S. ARMED FORC (Yes. no. or unknown) (If yes, give wor or dates of ser		Joean any	er Mil	fors . Md .
	1B. CAUSE OF DEATH [Enter only one couper to the couper to	se per line for (o), (b), and (c).]	en Thum	hous	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, If any, which gove rise to immediate couse (o), stating the <u>under-lying</u> couse lost.	Arteriore	lenatu Car	Que Vose	las 10 yrs
,	101-	ITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIV	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 2
		ROB. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	rt i or Part II of item 18.)	
	Z 20c. TIME OF INJURY Month, Day, Year Hour e. ft. 19 p. m. 19	20d. INJURY OCCURRED 20e. Pt While Not while of work of work	ACE OF INJURY (Home, farm, clory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
	21. I certify that I attended the	deceosed from May	, 1950, to 1		that last saw the deceos
	ACTUAL SIGNATURE WHAT	and		DDRESS (Street, city or town,	
	PHYSICIAN'S NAME (Type)	FroArd M.D	Many	herter M	d 12/22/6
	22a BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 12/24/6	22c. NAME OF CEMETERY, C St. Pauls		Dalto. Comp.	or county) (State)
	23, FUNERAL DIRECTOR'S SIGNATURE SIPTOR - ELINE FUN. 1	Home Hambstead	1 1/1 240. REC'D		STRAR'S SIGNATURE

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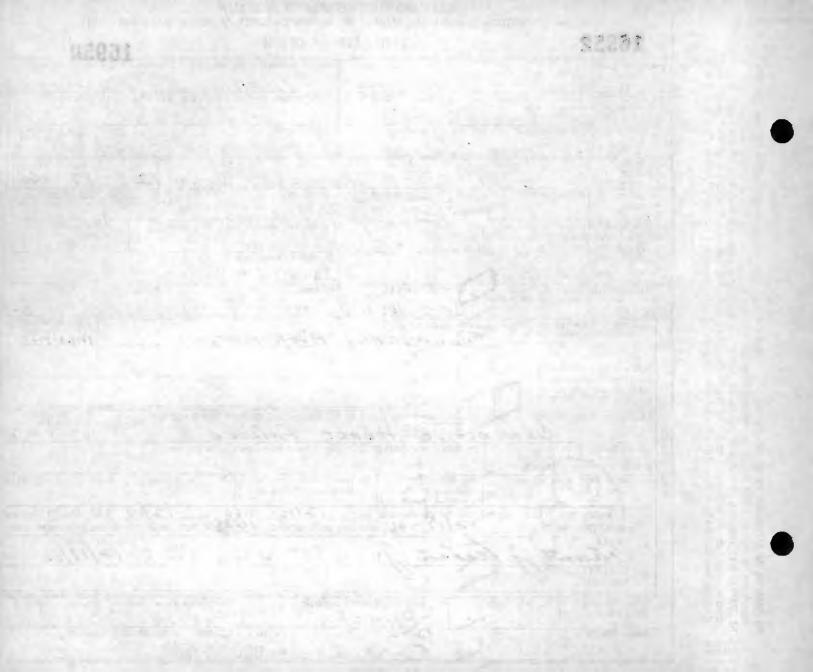
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 16950 Reg. Dist. No. 16948 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY CARROLL CARROLL b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) RURAL WESTMINSTER WESTMINSTER RTH d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION ON A FARM? NEAR MAYBERK YES ANO P NEAR NAME OF First Middle 4. DATE Month Day DECEASED OF DEATH (Type or print) 1966 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years lost birthday) Months MALE FEB.14.1882 WIDOWED Z DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) SELF-EMPLOYED CARROLL CO. MD 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ANN RINEHART JACOB 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address SAME 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUE TO** Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Month, 20d. INJURY OCCURRED Day, Year (County) (Stote) factory, street, office bldg., etc.) o. m. While Not while at work of work , 19____,that I last saw the deceased 21. I certify that I attended the deceased fram and that death accurred at 1145 A.M. from the causes and an the date stated above. ACTUAL SIGNATUR · ROBERTSON 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 15M 9/55

ARTHUR -NEAR THRYSTORY NUMBER CAPERRY WERE HARRES STEER DEC WASE WATE & SEB IN 1382 94 SELF-EMPLYED CANDOLLEO. M.D. 4-518. FARMER ANN PINEHART JACOB BABILOW 390.2 218-36-8635 Par & SACKEDA STATIONS. artinouluxie CKB act, 32 (2/10/66 THE Robertson Hard Windson, had Wholese OM THE REBERTION MID ELEVAN 12/12/16 BERT EMPREH CENETRY KIRRY HERRINGTER AND 2 2 magney & washendle , ned.

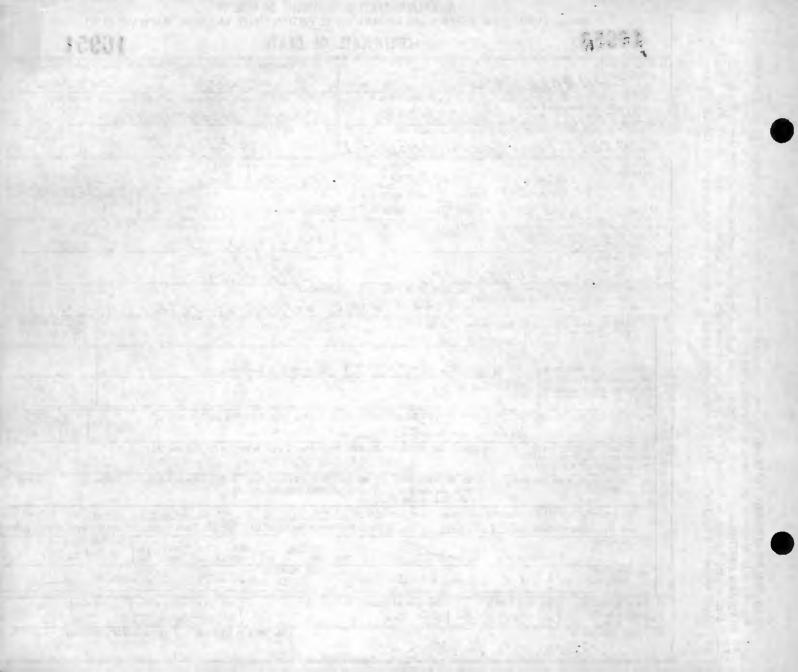
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 16951 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY after Carroll Mary Land Carroll MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d completely filled in by the carbon papers. Page v event, within 72 hours a c. LENGTH OF STAY IN 1b hours Rural-Westminster Rural-Westminster d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Caples Nursing Home NO X YES executed within 3. NAME DE First Middie DATE Last Month Day Year DECEASED remove carb r any event, 1 (Type or print) DEATH 1966 MAR BATIEY FANNTE 6. COLOR OR RACE | 7. MARRIED 5. SEX DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthday) | Months | Days Hours and 5/5 89 Whi.te Female WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY physician an please ray 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT pe COUNTRY? Hwf TISA North Carolina certificate removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ph Polly ? Ruben XXIII Peterson 15, WAS DECEASED EVER IN U.S. ARMED FORCES? transit permit. 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) ((fyes give war or dates of service) death 212-14-0673B Mr. Hubert Bailey Westminster. Md. no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN been signed by t the burial-transit or to burial, crema PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate er this certificate has bee detached for use as the ate Dept, of Health prior to DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) hed . MEDICAL 20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. After While Not While be retained by at work at work O FUNERAL DIRECTOR: A director, page 3 should should be filed with the \$ 21. I certify that (I) (this hospital) attended the deceased from 19/22, that (I) (we) last and that death occurred at 140 M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. Page 4 may DIRECTOR M.D. PHYSICIAN'S NAME (Type) 22c. 22d. ADDRESS 13 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, LOCATION (CIty. town or county) (State) REMOVAL (Specify) 2 12/14/66Burial Paul's Cemetery Balto. Co. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 1966 Tipton-Eline Fun. Home, Hampstead, Md. VR A15 (4) Clean 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16952 CERTIFICATE OF DEATH death. PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death and campletely filled in by the funeral remove carban papers. Pages 1 and in any event, within 72 hours after deat I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits. C LENGTH OF STAY IN 16 (If perside corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) WESTMINISTEN THENSTOWN d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS YES NO 3. NAME OF Last 4. DATE Manth Year Doy DECEASED 12 19 66 DEATH (Type ar print IF UNDER 24 HRS. S. SEX AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** 8. DATE OF BIRTH last birthdoy) Days DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) attending physician opermit. Then please during most of working life, even if retired) COUNTRY? HOUSERPENE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WHITE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address HAMASTEAD (Yes, no, oyunknawn) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY ADENOMATOSIS IMMEDIATE CAUSE (o) signed by DUE TO burial, Conditions, if any, which gove rise ta immediate cause (a), DUF TO stating the underlying couse Page 4 may be retained by the haspital ar attending as the TO FUNERAL DIRECTOR: After this certificate has been last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? detached far use of the Dept. of Health p EART NO X ONGESTIVE YES 20a. ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, office blda., etc.) Not While 21. I certify that (I) (this hospital) attended the deceased from. 12-110 . 1966 to 117, 1966, that (I) (we) lost 2/17 1966, and that death accurred at 438 M, from couses and on the date stated above. sow the deceased olive on 220. SHONATURE 22b. DATE SIGNED **ATTENDING** director, page 3 shauld be filed v uceus M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Wistman 230 BURIAL XREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 17-20-66 PRINGH 24. FUNERAL DERECTOR 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Milantes VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16953 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours ofter death. and completely filled in by the funeral 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) 1. PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits. C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? CARROLL CO. GENERA YES NO P 3. NAME OF 4. DATE Lost Doy Year DECEASED JOHN (Type or print) S. SFX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years IF LINDER I YEAR IF UNDER 24 HRS **NEVER MARRIED** lost birthdoy) Months Dovs Hours WIDOWEO DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 1). BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **COUNTRY?** INDUSTRY BALTIMORE FARMER 13. FATHER'S NAME the attending phy sit permit. Then IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. AKMED FUNCES:
(Yes, no, or unknown) [If yes give wor or dates of service] -216-44-0134A 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) buriol-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (o). DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate hos been the last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? NO F the hospital or for 20p. ACCIDENT WAS LINDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item IB.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (Stote) foctory, street, office bldg., etc.) Not While at work 21. I certify that (1) (this haspital) attended the deceased fram [] 19 6 ta Dec 21 , 1966 , that (1) (we) last saw the deceased alive an 1966, and that death accurred at 3 M. from causes and an the date stated above. 22o, SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) M. D. 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 24. FINERAL DIRECTOR 25b. REGISTRAR'S VR A15 (4) DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16954 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours ofter death death and completely filled in by the funeral PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) a. COJNTY a. STATE b. COUNTY remove corbon papers. Pages 1 in any event, within 72 hours ofter MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN b. CITY OR TOWN (If outside corporate limits, (If outside corporate lipies, write RURAL and give nearest town) write BURAL and give nearest town) e. IS RESIDENCE ON A FARM? (If not in hospital, give street address) d. STREET ADDRESS d. NAME YES NO NAME OF Firs* Middle DATE Month Day Year DECEASED 28 19606 Type or print DEATH 5 SEX DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED Months Hours Doys WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) physician c please INDUSTRY. COUNTRY? PRESS and VERS 13. FATHER S NAME 14. MOTHER'S MAIDEN NAMI cremotion, or removol, e attending permit. The 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) [(If yes give wor ar dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) signed by the burial-transit p PART I. DEATH WAS CAUSED BY ARREST CARDIAC IMMEDIATE CAUSE (o) DUE TO burial, MYOCARDIAL INFARCTION 40 HRS Conditions, if only, which gove rise to immediate cause (a), DUE TO as the prior to b stating the underlying cause has been TERIOSCLEROTIC HEART VEARS. last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) be detached for use State Dept. of Health YES NO TO FUNERAL DIRECTOR: After this certificate by the hospitol or 20g ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour a.m. Not While factory, street, office bldg. etc.) OR ATTENDING at wark should be 1966 10 21. 1 certify that (1) (this haspital) attended the deceased fram. 19___, that (I) (we) last Page 4 moy be retained and that death accurred at 5 3 M, fram causes and an the date stated above 1966 saw the deceased alive an 220. SJØMATLIKE 22b. DATE SIGNED ATTENDING director, page 3 should be filed v PHYS DIRECTOR PHYS 225. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23o. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) BASINING ASICING 250, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH and 2 death. WA after death, PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Pages 1 urs after 046 MARYLAND b. CITY OR TOWN (if butside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) carbon papers. Pag int, within 72 hours 24 hours 1115 Ξ. filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO P YES within letely NAME OF 3. First Middle DATE Day Last Month Year DECEASED OF DEATH event, (Type or print) 0 WA dwoo 19 executed SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH remove 7. MARRIED NEVER MARRIED (ast_birthday) Months any Davs Hours and WIDOWED DIVORCED 트 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR ACE (County & State, or foreign country) 12. CITIZEN OF WHAT the attending physician death certificate be and INDUSTRY COUNTRY? 574 FATHER'S NAME or-removal, 14. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN (Yes, no, or unknwn) (If yes give war or dates of service) has been signed by the at as the burial-transit perm prior to burial, cremation, CAUSE OF DEATH (Enter only one cause per line for (a), (b), INTERVAL BETWEEN law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to Immediate DUE TO (a), stating underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED certificate has DISEASE CONDITION GIVEN AN PART 16 WAS AUTOPSY for use Health PERFORMED? PHYSICIAN: The the hospital or YES 1 NO 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) r this certify detached for te Dept. of I OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) be de State factory, street, office bldg., etc.) Hour a.m. While Not While After ATTENDING p.m. 19 at work at work retained should ith the S 21. I certify that (I) (this hospital) attended the deceased DIRECTOR: age 3 shoul and that death occurred at CODM, from the causes and on the date stated above. saw the deceased affive on. 22a. 22b. DATE SIGNED Page 4 may be TO FINERAL DIRE director, page 3 should be filed w pe MED. DIRECTOR PHYS HOSPITAL PHYSICIAN'S 22¢. ADDRESS 22d. MAME (Type) BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) 므 FUNERAL DIRECTOR REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25b. VR A15 (4) 2DM 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16956 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death physician and completely filled in by the funeral ten please remave carban papers. Pages I and avait and the any event, within 72 hours after deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institut on Residence before admission) O. COUNTY CARROLL n STATE b. COUNTY MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 b CITY OR TOWN (If outs'de corporate limits, write RURA, and give nearest town) 3 WEEKS d NAME OF HOSPITAL OR INSTITUTION (If not in hospita, give street oddress) d STREET ADDRESS IS RESIDENCE ON A FARM? CARROLL ON GENERAL HOSPITAL MAPLE AVE. T NO 🖾 YES 3 NAME OF Middle 4 DATE Eirst Last Manth Dov Year DECEASED 23 BRCWN (Type or print) DEATH S SEX 9. AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS. 6 COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED Months last birthdov) DIVORCED 11 BIRTHPLACE (County & Stote, or foreign country) 100 USUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 32 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? CARRULL CO. MD 13. FATHER S NAME NELSON AI BROWN ELLEN J. MAIIS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT MAPLE AUL (Yes, no, or unknown) i(If yes give wor or dates of service MRS. GEO. L GASSMAN STATINI CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the buriol-transit p buriol, cremation PART I DEATH WAS CAUSED BY: CELEBRAL VASCULAR ENSUFFICIENCY IMMEDIATE CAUSE (o) DUE TO ARTERIOSCLEROSIS Conditions, if any, which gove CEREBRAL rise to immediate cause (o), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) HEART YES [NO C TERIOSCHEROTIC 卓 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached f te Dept af i (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or fown) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (County) (State) Not While foctory, street, affice bldg., etc.) 12/23, 1966, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. 1966 _, ta 12/23 1966, and that death accurred at 638 M, fram causes and an the date stated above. saw the deceased alive on. 220. SIGNATURE 22b DATE SIGNED ATTENDING PHYS. 12/23/66 M.D. DIRECTOR 22d. ADDRESS 22c. PHYS-CIAN'S NAME (Type) 1/1 23o BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) SILVERK FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 DATE



1	DIVISION OF STATISTICAL RESEARCH AND RECORDS,	'ARTMENT OF HEALTH . 301 W. PRESTON STREET. BALTIM	ORE 1. MARYLAND
# 50 E	16957 CERTIFICATE		16955
death.	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If	institution: Residence before admission
er fer fer fer fer fer fer fer fer fer f	Carroll	a. STATE Maryland b. co	Carroll
rs after by the f Pages 1 urs after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits,	
ours in b	Sykesville Years	Sykesuille Ma	/
24 hours after filled in by the papers. Pages 1 in 72 hours after	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	B. IS RESIDENCE ON A FARM?
	Springfield State Hospital	Main Street	YES NO
executed within	3. NAME OF FIRST MIDDLE	Last 4. DATE Moi	nth Day Year
d w mpfe carl ent,	(Type or print) Unarlotte man Buck)	TIRTITUTE DEATH 1 9	30 1966
arte ove ove	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In year	S IF UNOER 1 YEAR IF UNDER 24 HR. Months Days Hours Min.
e execute an and co	Female White WICOWEO DIVORCED	7-7-63 93 yrs.	7,0010
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRT HPLACE (County & State, or foreign coun	COUNTRY?
icate be e physician n please wal, and in	13. FATHER'S NAME	Maryland	U.S.A.
ifica g ph en oval		14. MOTHER'S MAIDEN NAME	
ding ding	Dallas Shipley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Catherine Fowler	
eath certificat attending phy ermit. Then p	(Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Addi	ress
dea le a peri	707/02	ospital records	
law requires that the death certificate be intending physician. Has been signed by the attending physician as the burial-transit permit. Then please in prior to burial, cremation, or removal, and in the burial cremation.	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSEO BY:	0 0 . / 1.	INTERVAL BETWEEN ONSET AND GEATH
uires that the r physician. n signed by i burial-transit	, IMMEDIATE CAUSE (a) / KON STEECH	Coldeal Jacker	
s the system of	Condition of contribution of	. O. O' A. D	0 1 1.
ufre pt sen	gave rise to immediate (b) Chipmen Atten	10 - OK Keloki vole	le Ussellandis
requiriding property the birto ber	cause (a), stating the DUE TO underlying cause last.		
faw reittendi has bi as th		ED TO THE TERMINAL DISEASE CONDITION GIVEN	N PART 1(a) 119. WAS AUTOPSY
f: The 1st or at fitcate h for use Health	THE STATE OF THE S	ED TO THE LEGISLICATION OF THE SECOND STREET	PERFORMED?
CIAN: The ospital or a certificate hed for use to Health	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR	RRED. (Enter nature of Injury in Part 1 or Part II	of Item 18
ICIAN Ospit certi hed i	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT 202. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	were faired names of that his time to the tr	07 100/11 20.7
HYSIC he hos this co letache Dept.		E OF INJURY (Home, farm, 20f. (City or town)	(County) (State)
ING PH I by th lifter the be de	Hour a.m. While Mot While Factory	y, street, office bldg., etc.)	(000119)
ed by t Affer Id be d e State		12-20 1966 to 12-30	20 () 1 1 1 () () ()
L OR ATTEND y be retained DIRECTOR: A age 3 should	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 1966, and that	death occurred at 5 A. M, from the cause	, 19 <u>6 c</u> , that (I) (we) las
AT ret	22a. SIGNATURE	death occurred at, from the cause	22b. OATE SIGNEO
OR DER	HE Conner be MP M.D.	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	
TAL may AL Day	22c. PHYSICIAN'S	22d. ADDRESS	
HOSPITAL age 4 may FUNERAL irector, pa	NAME (Type) H. E. CONNOR	Springfield State Hosp.	., Sykesville, Md.
TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, creating the state of the sta	23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY (OR CREMATORY 23d LOCATION (City,	town or county) (State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	BUTIA 1-2-61 1A4 10RSVI 18	Centellead	Co. Md.
(A)	24. FUNERAL DIRECTOR 4/4.4/4		REGISTRAR'S SIGNATURE
VR ≱15 (4) 20M 1/65	Hay W Halght sykloville, Ma.	DATE JAN 4 1967	- world Judge



MARYLAND STATE DEPARTMENT OF HEALTH SION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death, dead 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if Institution: Residence before admission) a. COUNTY b. COUNTY a. STATE by the figures 1 ars after MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) ove carbon papers. Page, vevent, within 72 hours at C. LENGTH OF STAY IN 1b (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE DN A FARM? NO I YES executed within NAME OF Month Middle Last DATE Day 4. DECEASED DF DEATH (Type or print) R 1966 con 6. COLDE DE RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. SEX DATE OF BIRTH 9. remove 7. MARRIED NEVER MARRIED last birthday) attending physician and or rmit. Then, please remove, or removal, and in any Months Days Hours WIDDWED 1 DIVORCED [YES. 10a, USUAL OCCOPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or/foreign country) 12. CITIZEN OF WHAT pe during most of working life, even if retired) COUNTRY? SEAM ST 13. FATHER'S NAME death certificate MDTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN 17. been signed by the atten the burial-transit permit. or to burial, cremation, or (Yes, no, or unknown) | (If yes give war or dates of service) CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PHYSICIAN: The law requires that the DISET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physicing. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which rise to immediate DUE TO cause (a), stating the prior underlying cause last. has 38 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? certificate ND 🔼 YES T this certing detached to 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 1) of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) should be de factory, street, office bldg., etc.) HOME a.m. While Not While OR ATTENDING p.m. at work at work retained 21. I certify that (1) (this hospital) attended the deceased from DIRECTOR: Age 3 should led with the saw the deceased alive and that death occurred at 11 540. M. from the causes and on the date stated above. 22a. SIGNATURE DATE SIGNED 22b. director, page ATTENDING PHYS. MED.
DIRECTOR M.D. PHYS. Раде 4 тау O HOSPITAL O FUNERAL 22c. PHYSICIAN'S 22d. **ADDRESS** NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY 23a. 23b. DATE THEREOF 23€ 23d. LOCATION (City, fown or county) (State) weak 24. FUNERAL DIRECTOR 25b. REGISTRAR'S VR ALS (4) 1/65



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16959 CERTIFICATE OF DEATH he law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY b. COUNTY Carrell MARYLAND CITY OR TOWN (If outside corporate limits, write KORAL and give nearest town) b CITY OR TOWN (if autside corporate limits, write RURA, and give nearest town) CLENGTH OF STAY IN 16 3Yrs. 5mo. 6days Sykesville Cumberland please certain and in please tilled in please certain papers I, and in any event, within 79 km 6 IS RESIDENCE ON A FARM? d NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Springfield State Hospital 508 Woodside Ave NO T 3 NAME OF Middle 4 DATE Month Day DECEASED (Type or print) Minnie Elizabethn Cessna 12 66 DEATH S SEX IF UNDER 1 YEAR IF UNDER 24 HRS & COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED last birthdoy) 3-21-88 Female White WIDOWED X DIVOR(ED signed by the ottending physicials and buriol-tronsit permit. Then please ten 10a USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 LIRTHP, ACE (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working the even if retired) Housewife & Landlady INDUSTRY Rooming house Somerset Co. Penna. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME buriol, cremation, or removal, Henry J. Knieriem Annie Sipple 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, na, ar unknawn) (If yes give war ar dates af service) Records, Springfield State Hospital 214-32-3362 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Myocard Infarction IMMEDIATE CAUSE (a) DUE TO Arteriosclerotic Heatt Disease Conditions, if ony, which gave 3 rise ta immediate couse (a), DUE TO stating the underlying couse the Dept. of Health prior to O FUNERAL DIRECTOR: After this certificate hos been 19, WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO X 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While at work at work to 12-25- , 19 66hat (1) (we) last 21 I certify that (I) (this haspital) attended the deceased fram 7-19-63 . 19 _, and that death accurred at 10°PM, fram causes and an the date stated above saw the deceased glive, an 22b. DATE SIGNED 22a. SIGNATURE ATTENDING M.D. PHYS. DIRECTOR director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S Sukesville NAME (Type) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION, (County) (Stote) BREMOVAL (Specify) 12/29/66 Hillcrest Burial Park Cumberland, Alleganii Hd. 24. FUNERAL DIRECTOR 25o, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 H. Payne George Cumberland, Maryland TOCA TRATEC O 1

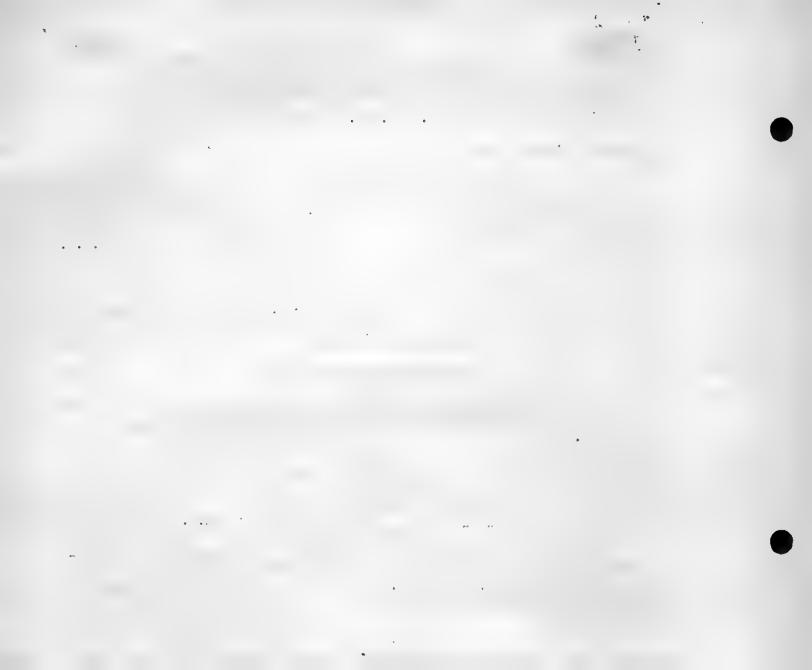
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16960 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. death physician and campletely filled in by the funeral to phose remaye carbon papers. Pages I and avail, and in any event, within 72 hours after deap USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH a. COUNTY a STATE b. COUNTY Carroll MARYLAND Baltimore City c LENGTH OF STAY IN 16 b CITY OR TOWN (If outside carparate limits, c CITY OR TOWN (If outside agroorate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Sykesville Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 2308 Druid Hill Avenue Springfield State Hospital NO D 3. NAME OF First Middle Last 4 DATE Day Year DECEASED 24 **VELMA** CORNETT 66 (nmn) 10 (Type or print) DEATH S SEX IF UNDER 1 YEAR LIE UNDER 24 HRS. 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years Jast birthday) Manths Days Haurs 11-5-23 Female Negro WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind at work dane during mast at working life, even if refired) 10b KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 11 BIRTHPLACE (County & State or foreign country) INDUSTRY **COUNTRY?** Virginia II.S.A Domestic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Dennis Lomax Bessie Wiggins 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war ar dates of service) 16 SOCIAL SECURITY NO. 17. INFORMANT Address Records, Springfield State Hospital Unknown INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit purial-transit purial, crematic PART I. DEATH WAS CAUSED BY: Bronchoppeumonia IMMEDIATE CAUSE (a). DUE TO Canditians, if any, which gave Nutritional Cirrhosis of Liver Years rise to immediate couse (a). DUE TO stating the underlying cause Page 4 may be retained by the haspital ar attending IO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the last. PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)
Chronic brain syndrome associated with central nervous system syphilis,
meningovascular, with psychotic reaction. Alcoholism (addiction). 19. WAS AUTOPSY PERFORMED? far use Health YES DE NO 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1) of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) Haur a.m. factory, street, affice bldg., etc.) at wark 11-9-65 19 ta 12/21/66, 19__, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram_ saw the deceased alive an 12/21/66 and that death accurred at 7:15PM, from causes and an the date stated above. 22g SIGNATURE 22b. DATE SIGNED ATTENDING director, page 3 shauld be filed v M.D. DIRECTOR PHYS 22d. ADDRESS Springfield State Hospital 22c. PHYSICIAN'S NAME (Type) Sykesville, Maryland 21784 Ronald N. Kornblum 23d LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, (County) (State) REMOVAL (Specify) Burial Baltimore, Maryland EGISTRAR | 256, REGISTRAR'S SIGNATURE 2-29-66 Auburn Cem. **ADDRESS** 2Sq. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR. VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16961 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institut an. Residence before admission) completely filled in by the funeral o. COUNTY Carroll b. COUNTY o. STATE MARYLAND Maryland Montgomery
c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marvland b (ITY OR TOWN (#f outside corporate limits, write RURAL and give nearest town)
Sykesville C LENGTH OF STAY IN 16 oan papers. Pag within 72 hours 2vr.2mos.ldv. Silver Spring d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS S RESIDENCE ON A FARM? Springfield State Hospital NO T 8107 Cedar Street YES 3 NAME OF Middle 4. DATE Month Doy DECEASED EDWARD ALEXANDER COTTRELL. December 13 (Type or print) DEATH S SEX B. DATE OF BIRTH AGE (In years lost birthday) IF UNDER 1 YEAR 6. COLOR OR RACE 7 MARRIED NEVER MARRIED Months Days Haurs White WIDOWED DIVORCED 7-4-1880 Male 100 USUAL OCCUPATION (G ve kind of work dane during most of working life, even if retired)
Blacksmith 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT COUNTRY? please INDUSTRY ond physician Delaware 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remayal. the attending physical transfer of Isaac Benjamin Cottrell Mary Alexander Ball WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes no or unknown) (If yes give war or dotes of service) 220-54-6700 Records. Springfield State Hospital 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY. INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH Bronchopneumonia Days IMMEDIATE CAUSE (a). Page 4 may be retained by the hospital or attending physician. DUE TO Canditions, if any, which gave Carcinoma of prostate gland Months rise to immediate cause (o), **DUE TO** stating the underlying cause as the TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) Chronic brain syndrome associated with alcoholism with behavioral reaction. 19. WAS AUTOPSY PERFORMED? YES X NO | 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 1B.) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or tawn) (County) (State) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Hour am. Not While ot work at work d fram 10-12-6h , 19 and that death accurred at 3 21. I certify that (I) (this haspital) attended the deceased fram... 12-13-66, 19___, that (I) (we) last saw the deceased alive an 12-13-66 M. from causes and an the date stated above. 19 22b. DATE SIGNED 22a SIGNATURE **ATTENDING** 1 12-13-66 M.D. DIRECTOR PHYS. director, page should be filed 22d ADDRESS Springfield State Hospital 22c. PHYSICIAN'S NAME (Type) Octavio A. Ruiz. M.D Sykesville, Maryland 2178h 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (State) REMOVAL (Specify) BURL ORESTOWN. 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE VR A15 (4) MEC 20 M 1/66



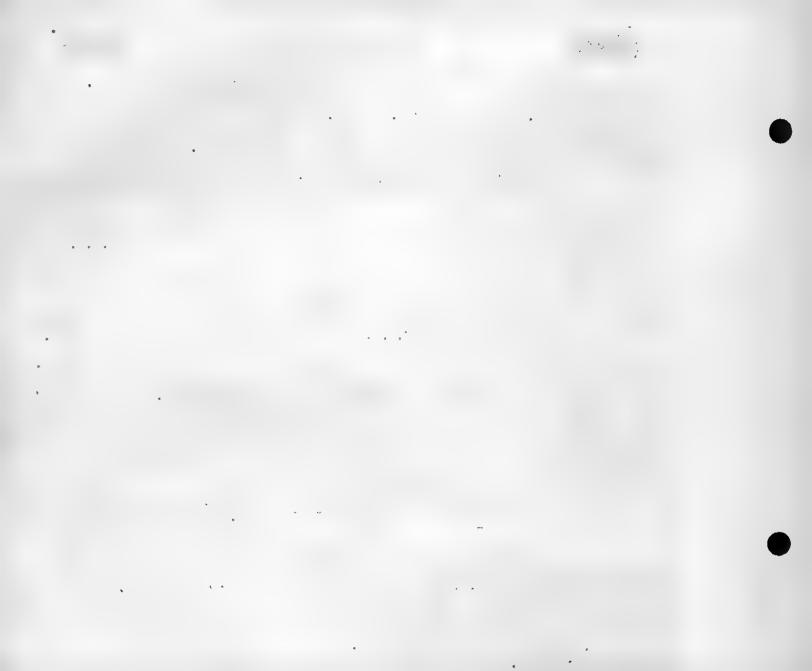
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY b. COUNTY Carroll Maryland Allegany MARYLAND to the funeral ige 5 may be b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 3mos.6dvs. Cumberland Sykesville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State Springfield State Hespital 1301 Oldtown Road NO Far 3000 YES 2, and PM3, NAME DE Middle Month Last DATE Year DECEASED (Type or print) DEATH HARVEY CLEVELAND CROFT DECEMBER 6. COLOR OR RACE | 7. MARRIED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours | Min. DATE OF BIRTH NEVER MARRIED [10-25-1884 WIDOWED X DIVORCED White and tevent 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? U.S.A. Farmer (retired) Maryland pages In any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Item Alexander Croft Ellen (last name unk.) File 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. 213-18-2706 Records. Springfield State Hospital Unk. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 3 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit Uremia Days AMMEDIATE CAUSE (a) DUE TO Nephrosclerosis Conditions, If any, which Months (b) gave rise to immediate DUE TO cause (a), stating the 623 ed as a burial, Generalized arteriosclerosis underlying cause last. Years PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Fracture, neck of left femur NO X YES [250 CERTIFI 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.)
Fell to floor, could not get up by himself. 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING should i CAUSE OF DEATH. 3 shou o PLACE OF INJURY (Home, farm, factors steet, office blog, etc.) MEDICAL 20d, INJURY OCCUT PED 20f. (City or town) Springfield State 20c. TIME OF INJURY Month, Day, Year 66 at work at work ward Sykesville. Carroll 11-2- . 19 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. Inquiry and in my opinion Homicide Undetermined manner death resulted from: Natural causes Suicide ... Accident CHIEF MEDICAL EXAMINER YOUr 22. DATE SIGNED SIGNATUR o E. Main Westminster Maryland 12-15-66 **EXAMINER'S** please ex director. retained Glenn Speicher 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 0.0 Garrett County, Md. Dec. 18 166 Mt. Zion Cemetery Burial 25a. REC'D BY REGISTRAR' 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Burst, Gr., Frostburg, Md. Joseph K. VR A15ME 3500 4-64



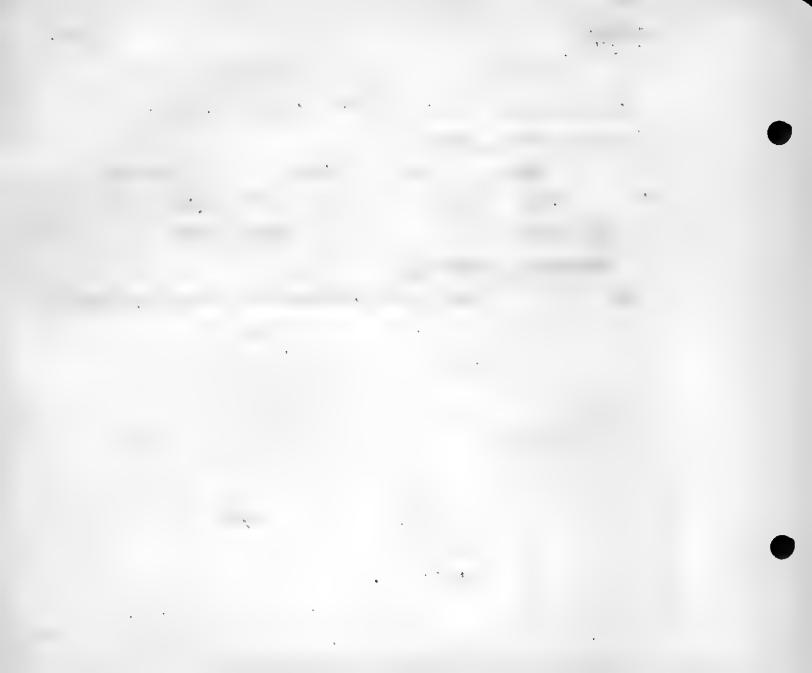
1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
funeral and 2 death	16963 CERTIFICATE OF DEATH
e funeral 1 and 2 er death	1. PLACE OF DEATH a. COUNTY B. STATE D. COUNTY AND ALL MANTIANO 2. USUAL RESIDENCE (Where deceased lived, If institution residence before admission) B. STATE D. COUNTY AND ALL MANTIANO D. COUNTY MANTIANO M
by the f Pages 1 urs after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
n 72 ho	d. NAME OF HOSPITAL OR INSTITUTION (IF not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
any event, within 72 hours	3. NAME DE DECEASED (Type or print) NAME (PULL AND
ill dilly ever	5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Mart birthday) Months Days Hours Min.
	103. USUAL OCCUPATION (Give kind of Workdone during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, of foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S MAKE () 14. MOTHER'S MAIDEN, NAME
	15. WAS DECEASED EVER IN U.S. ARMED FD8CES? 16. SDCIAL SECURITY NO. 17. INFORMANT (Yes, 170, or unknown) (If yes give war or dates of service) NO Address Address Address
the burial, cremation, or	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH ONSET AND DEATH
Aut son	Conditions, If ony, which (b) Send Carella Parcular
	cause (a), stating the DUE TO underlying cause last. (c)
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOTRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
Dept. of Health prior t	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20g. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) 20f. (City or town) 20f. (City o
	21. I certify that (I) (this hospital) attended the deceased from 6 5 1965 to 1965, 1965 that (I) (we) last saw the deceased alive on 1966, and that death occurred at 8 M from the causes and on the date stated above.
iled with	22a. SIGNATURE H. Maslin M.D. ATTENDING MED. STAFF 22b. DATE SIGNED M.D. PHYS. DIRECTOR PHYS. D
should be filed with the	22c. PHYSICIAN'S NAME (Type) M N MASTIN 22d. ADDRESS. Hastineursteilurg
Shorts	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BUTIAL (Specify) 12-6-66 WOOd AWN CEMOTORY BAHIMOTE,
1) (M)	Harry W. Haight Sykisville, Md. Date DEC 7: 1966 Charles Judge
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•• 124

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16864 requires that the death certificate be executed within 24 hours after death. filled in by the funeral n papers. Pages 1 and 2 orthin 72 hours after death deoth 2. USUAL RESIDENCE (Where deceased lived if institution. Residence peloze admission, PLACE OF DEATH a COUNTY b. COUNTY a. STATE Balto. City Carroll MARYLAND C LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corparate limits, c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) wr te RURAL and give nearest town)
Sykesville, Md. Baltimore h yrs. 28days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? ve carban paper: event, within 72 7528 Holabird Ave. Springfield State Hospital YES NO TO 3. NAME OF 4. DATE Middle Last Manth Day Year (Alvernia) DECEASED Almeda Dalei s 18 19 66 DEATH December Carolina (Type at print) IF UNDER 24 HRS 9 AGE (In years IF UNDER 1 YEAR S SEX 8 DATE OF BIRTH 6 COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Days Hours and in ony 11-22-79 WIDOWED 🙀 DIVORCED Female White 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or fareign country) 10a USLAL OCCUPATION (Give kind of work done ending physician o mit. Then please or removal, and in during mast of working life, even if retired) INDUSTRY Pose Housewife West Virginia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Isac Bell Almeda Stemple ottending permit. The 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address permit. (Yes, no, ar unknown) [(if yes give war or dates of service) signed by the offer buriol-transit perm burial, cremation, o Hospital Records No None INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY. ONSET AND DEATH C.V.A. IMMEDIATE CAUSE (c) by the hospital or attending physician. DUE TO Cerebral Arteriosclerosis Years. Canditions, if any which gave rise to immediate cause (a) DUE TO Chronic brain syndrome associated with cerebral stating the underlying couse Years. **IO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to (c) arteriosclerosis with psychotic reaction. 19 WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO to 20b DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20k TIME OF INJURY Month, Day, Year factory street, office bldg etc.) Not While al wark O HOSPITAL OR ATTENDING Poge 4 moy be retoined by th at wark 12.62, to 12- 18 21. I certify that (1) (this haspitol) attended the deceased from 11-20-. 19 66 that (I) (we) last .19 66 , and that death occurred at 2004 M, from causes and on the date stated above. saw the deceased alive an 12-18 22b. DATE SIGNED 22g. SIGNATURE ATTENDING DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) Sykesville, Maryland Ilse Kamm 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION REMOVAL (Specify) Gardens of Faith Baltimore. Maryland Burial 256. REGISTRAR'S SIGNATUR Judge 25o. REC'D BY REGISTRAR 24. FLINERAL DIRECTOR Robert C. Altenburg - 6009 Harford Rd. VR A15 (4) 20 M 1/66 Funeral Home, Inc.



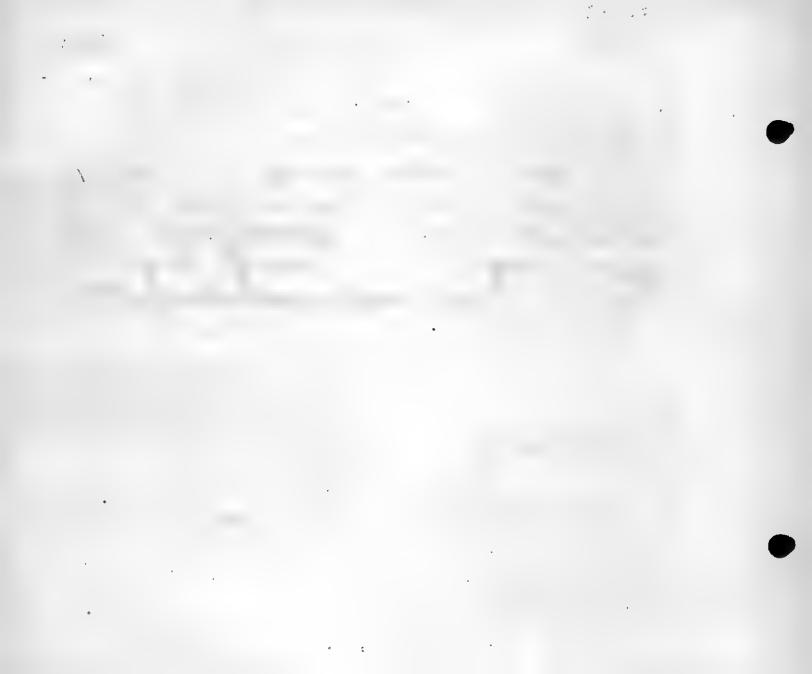
_			MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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	death. and and death.	1.	PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY
	er er		a. COUNTY Carroll MARYLAND B. STATE Mary land b. COUNTY Carroll
	aft / th ges aft		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give nearest town) c. LENGTH CF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Pa Pa Surs		Man Al make the table & mouth ell al manter a color
	hou hou si s. S. J.	_	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
	24 fille pape iin 7/		Long View Nursing Home Inc.
	thin rely with	3.	NAME OF First Middle Last 14 DATE Month Day Year
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial transit permit. Than phease remove carbon papers. Pages 1 and should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.		DECEASED (Type or print) Alice M Deal December 11 1966
	col col	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNOER 1 YEAR IFUNOER 24 HRS. iast birthday) Months Days Hours Min.
	xect and any		t White WIOOWED I DIVORCED 2-16-1883 83 yrs.
	: E ::	10:	a. USUAL OCCUPATION (Give kind of work done lob, KINO OF BUSINESS OR lob, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	icia eas and	uu.	House wife INDUSTRY Newfoundland Country?
	ate plo	13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	新		Ambrose Emberley Mary tinn Williams
	re le	15	HANDROS & LIMBERTE MARY FINN WILLIAMS WAS DECEASED EVER IN U.S. ARMEOFORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT A Address //
	事 事 事 に 。	(Y	es, no, or unknown) (If yes give war or dates of service) 215-03-4713 Institution Records Long View Nursing Home
	dea le a per ion	_	No machoster
	he y th		18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). I PART I DEATH WAS CAUSED BY.
	at t jan. d b ran cre		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) / 1/2010 Act School Sch
	the Sici		TRAI DUE TO A DIR A DIR
	phy phy purity signature of the purity signature of th		Cenditions, If any, which) (b) letternocerous letternocerous last helpers
	ng ng ng leen to to		gave rise to immediate (cause (a), stating the DUE TO
	s b district		underlying cause last. (c)
	lay atte	Įĕ.	PART II. OTHER SIGNAFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	The or safe	S	Tutistically plant - (ala tomas
		IΞ	
	PHYSICIAN: the hospital this certifi detached fo de Dept. of H	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING COURSED. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING COURSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	HYS he to this etac Deg	퐝	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	ated the	MEDICAL	Hour a.m. While Not While factory, street, office bldg., etc.)
	Page 4 may be retained by Page 4 may be retained by O FUNERAL DIRECTOR. After director, page 3 should be should be filed with the Stat	_	21. I-certify that (1) (this Mospital) attended the deceased from 0 cm 1962 to the 1966, that (1) (we) last
	Taju Tok Tok Tok Tok Tok Tok Tok Tok Tok Tok		saw/the deceased alive on 12/81966 and that death occurred at 460M, from the causes and on the date stated above.
	with with		228. SIGNATURE 22b. DATE SIGNED
	y by by belied lied		M.D. ATTENOING MEO. STAFF 12/11/66
_	TAI MAL Pe f	ı	22b. PHYSIGIAN'S NAME (Type) 22d. ADORESS
	DSP INE	_	D. A. IN MIN W. Johnson Change, The
	Pag Pag dire	23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	1 1 5		burial 12-15-00 Greenmourt (enetery Baltimore, 11d.
	2	24	. FUNERAL DIRECTOR AODRESS 252/ REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	VR AI5 (4)		Leonard J. Ruck Inc Baltimore, Md. OATE DEC 14 1966 followles Judge
	20M 1/65		



/ 10	MARYLAND STATE DEPARTMENT OF HEALTH
END STATE	16966 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT	
Dimenti del 1.	1. PLACE OF a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY
this gard	b. CITY OR TOWN (if-outside corporate limits, c. LENGTH OF STAY IN 1b C. CITY OR TOWN (if-outside corporate limits, write RURAL and give nearest town)
essa fune nay dear	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
nec the 5 r 5 r	d. NAME OF HOSPITAL OR INSTITUTION (If not In hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
th. If any delay is necessary ges 1, 2, and 3 to the funeral form PM3. Page 5 may be 2 with the State Department within 72 hours after death.	KURAL NEKINISTRYS MILLS RURAL YES NO D
dela Sta	3. NAME OF First Middle Lest 4. DATE Month Day Year,
PM3 PM3	(Type or print) 150M PUGENT / JEAN DEATH JEC 23, 1966
with ithin	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Montas Days Hours Min.
sath for the formation of the formation	WIDOWED DIVORCED 1/01/ /X -/941 /9yrs.
ive Pagine Pagin	10a. USUAL OCCUPATION (GIVE kind of work done of the line of the l
ours after m 18. Give e along. w	13. PATHER'S NAME
ours e al	TSOM J. DEAN DAISY GREGORY
24 ho I ttern Office File	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or yakoyin) (Hyes give yar of dates of service)
hin rrs rrs nit.	110 110 218-44-9841 MRS. LENIS D. RARNEY BALTIMORE MA
within a pencil in miner's permit, removal,	18. CAUSE OF DEATH [Enter only one cause per/line for (a), (b), and (c),]
Exa Exa	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SILLE STATE STATE STATE CAUSE (b) SILLES STATE
uld be executed "pending" in if Medical Exan burial-transit cremation, or i	conditions, If any, which by Sill Fill the
Med Med Ned Ned Ned Ned	gave rise to immediate
ould in ite	underlying cause last. (c)
ficate sho the worn to the Chi used as to burial,	
to the to	YES NO X
R. This certificate, writing forwarded to 3 should be agent, prior 1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO X PRIMARY TO OF CONTRIBUTING CAUSE WAS CAUSE OF DEATH. CAUSE OF DEATH.
This wr ward ward houl	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, ecute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be or your files. L DIRECTOR, Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 2 deptr a.m. 12/23 While at work at work 2 RAI William 12/2/3 Carrely
MIN d be d be ared	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion
bourt hour les.	death resulted from: Natural causes 7, Accident , Suicide X, Homicide , Undetermined manner
CAL 4 s thur f and the first feet of the f	CHIEF MEDICAL EXAMINER
WED Scutte or your your just	ACTUAL SIGNATURE SIGNED M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
TO DEPUTY MEDICAL EXAMINE please execute the certific director. Page 4 should be retained for your files. TO FUNERAL DIRECTOR, Page of Health or its designated	EXAMINER'S XV (FLENN) SPEICHER MUDICAL EXAMINER X
DEPI ease rectr taine taine Hea	23a BURIAL, CREMATION, 23b. DATE THEREOF 1 23c. NAME OF CEMETERY OR CREMATORY 23c. LOCATION (City, town or county) (Septe)
5 5 5 V	BREMOVAL (Specify) 12-27-66 WINTERS CEM. CARROLL COUNTY ASD
b	ADDRESS 25a. REC'D BY REGISTRAR 25b., REGISTRAR'S SIGNATURE
VR A15ME 3500 4-64	W. W. Hart furtous NEW WINDSOR MD BEE 27 1966



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH <u>_6</u> 04 hours after death and a PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. CDUNTY after mod MARY! AND b. CITY DR TOWN (if outside corporate limits, c. CUTY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b write RURAL and give nearest town) heater m outh d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE filled d. STREET ADDRESS ON A FARM? within YES NO 1 executed within <u>~</u>i∂ carbon NAME DE Mtddle 4. DATE Month Day Year Last DECEASED 12 (Type or print) DEATH 19 FUNDER 24 HRS 5. SEX AGE (In years | IF UNDER 1 YEAR 6. CDLDR DR RACE 7. MARRIED NEVER MARRIED last birthday) Months | Days Hours 8-9 WIDOWED DIVORCED [1Da. USUAL DCCUPATION (Give kind of workdone + 10b. KIND DF BUSINESS DR 12. CITIZEN DF WHAT ičian ase r 11. BIRTHPLACE (County & State, or foreign country) CDUNTRY? during most of working life, even If retired) U.S A certificate FATHER'S NAME MDTHER'S MAIDENINAME remova attending a WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN Address permit. ō (Yes, no. or unkown) (If yes give war or dates of service) requires that the death transit perm cremation, INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c) DNSET AND DEATH I-transi à PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a signed been street burial, burial, 184 DUE TO Conditions, If any, which (b) rise to immediate DUE TO cause (a), stating the prior underlying cause last. has (c) PHYSICIAN: The law 38 CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? certificate NO. YES ö CERTIFI ZDA. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HDW INJURY DCCURRED, (Enter nature of injury in Part | or Part II of Item 18.) tached 1 Dept. of (State) 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED | 20e. PLACE DF INJURY (Home, farm.) 2Df. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While ATTENDING pe at work at work p.m. the 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should iled with the and that death occurred at 5 45 PM, from the causes and on the date stated above. saw the deceased alive on DATE/SIGNED 22a. SIGNATURE 22b. page ATTENDING M.D. DIRECTOR PHYS PHYS. TO HOSPITAL FUNERAL **ADDRESS** 22c. PHYSICIAN'S director, p NAME (Type) 23d. LOCATION (City, fown or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Greenmount. Md. 10/66 Burial Greenmount Cemetery 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Tipton- Eline Funeral Home Hampstead. Md. VR A15 (4) 20M



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIM	MORE 1, MARYLAND
	16968 CERTIFICATE OF DEATH	16966
	1. PLACE DF DEATH a. COUNTY Carroll MARYLAND 2. USUAL RESIDENCE (Where deceased lived, 19 a. STATE b. Co Maryland	institution: Residence before aumission
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENCTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	1
-	Sykesville Baltimore City d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	3 7 4
-	Springfield State Hospital 5105 Arbutus Ave.	e. IS RESIDENC DN A FARM? YES NO 5
-	DECEASED	onth Oay Year
_	(Type or print) TDA THANK DENNIS DEATH December 5. SEX 6. CDLDR DR RACE 7. MARRIEO X NEVER MARRIED 8. DATE DE BIRTH 9. AGE (in yet act birthdist)	bet 25 19 66 ors (if under 1 year) if under 24 Hr.
	F. White WIOOWED OIVORCED 12-25-98 68 yrs	ors IF UNDER 1 YEAR IF UNDER 24 HR. Months Days Hours Min.
1	Da. USUAL OCCUPATION (Give kind of work done 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country in the state of the sta	ntry) 12. CITIZEN OF WHAT COUNTRY?
L	Housewafe At Home Russia	U.S.A.
ı	13. FATHER'S NAME	
	Sol Radin Celia ?	de la constantina de
l	(Yes, no, or unkown) (If yes give war or dates of service)	dress
-	no	te Hospital
Т	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
Т	IMMEDIATE CAUSE (a) LINCOLLISTONY COULS CO	tlears
П	Conditions, if any, which \ (2)	
	gave rise to immediate	
	cause (a), stating the OUE TO underlying cause last. (c)	
1		IN PART 1(a) 19. WAS AUTDPSY PERFORMED?
	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN Chronic brain syndrome of unknown or uncertain cause w/psychot 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part I or Part OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ic reac YES NO
	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, land) 2Df. (City or town factory, street, office bidg., etc.) 4 work 2 at work 2 a) (County) (State)
1		1 20 /6 11-1 10 1-11-1
	21. Certary that (i) this hispital attended the deceased from, 15	, 19 60, that (I) (we) last
1	22a. SIGNATURE	1 225 DATE SIGNED
1	TETRICIAL STATE OF ST	12/25/1966
l	22c, PHYSICIAN'S Co. 1 22d, AOORESS Co. 1 4/	spital Spherville, LID
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City REMOVAL (Specify)	
1	Burial 12/27/66 Oheb Shalom Baltum 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 250.	ore, Maryland REGISTRAR'S SIGNATURE
1	050 00 1000 100	Carley Judge
	Sol Levinson & Bros. Inc., 6010 Reisterstown 1966 18 18 18 18 18 18 18 18 18 18 18 18 18	4



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission) . COUNTY b. COUNTY \$² MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (Illoutside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) IS RESIDENCE ON A FARM? YES NO NAME OF Middla Month Day DECEASED OF (Type or print. DEATH 1966 DATE OF BIRTH IF UNDER 24 HRS, MARRIED -NEVER MARRIED AGE (In years (IF UNDER I YEAR last birthday) Months WIDOWED IX 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? I 16. SOCIAL SECURITY NO (Yes, no, or unkown) (Ifyesgivewerordatasofservice) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BĚTWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 411274 **DUE TO** Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT WASAUTOPSY PERFORMED? NO TE 20a. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c, TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, farm, (Stata) Month, Day, Yaar 20f. (City or town) (County) fectory, streat, offica bldg., atc.) While Not While Hour a.m. et work st work QM, from the causes and on the date stated above. saw the deceased alive on...... .D. . and that death occurred at 9 22b. DATE 22a. SIGNATURE ATTENDING. SIGNED PHYS. DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S 23a. BURIAL, CREMATION, | 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, lown or REMOVAL (Specify) Sa. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24_FUNERAL DIRECTOR'S SIGNA VR A15 [4

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16970 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. funeral 1 and PLACE OF DEATH-2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY MARYLAND dase remave carban papers. Pages 1 and in any event, within 72 haurs after b CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN US corporate limits, write RURAL and give negrest town) RURAL and give nearest town) filled in I d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO IX NAME OF Middle DATE Doy DECEASED OF DEATH (Type or print). IF UNDER 1 TEAR 6. COLOR OR RACE LIF UNDER 24 HRS NEVER MARRIED (In years Months | Dovs Hours WIDOWED DIVORCED 10o USWAL OCCUPAT ON (Give kind of work done 10h KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if refired) COUNTRY USFKEE FATHER'S NAME MOTHER'S MAIDEN NAME WORTH burial, crematian, ar rem WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, orunk nown) (If yes give war or dates of service) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. signed by DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar to lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES | NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year Hour a.m. factory, street, office bldg., etc.) **Not While** ot work 21. I certify that (I) (this hospital) attended the deceased from (66, 19___, that (1) (we) las and that death occurred at 345 pM, from causes and on the date stated above 12/2/66 saw the deceased alive on_ 22o. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) 23g. BURIAL, CREMATION 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d LOCATION (City or Town) (County) (State) 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE DEC DATE



1	G. Contraction	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND				
FOR S	STATE\ /	16071 MEDICAL EXAMINER'S CERTIFICATE OF DEATH				
HEALTH	i deet. 🥬	1. PLACE OF DEATH 11 2. USUAL RESIDENCE (Where deceased lived, (f institution admission)				
		a. COUNTY O. STATE O. STATE O. STATE O. STATE O. STATE O. STATE O. COUNTY CARROLL CARROLL				
sary neral	rtment death.	b. CITY OR TOWN (If outside corporate limits, / c. LENGTH OF STAY IN 1b write RURAL and give nearest town) write RURAL and give nearest town)				
e fur	Departr after de	MESTMINSTER SGIRS WESTMINSTER MP				
is of the state of	afte	UN A FARM!				
Pag Pag	State hours	20 CHURCH STREET YES NOT				
any defay is necessary, 2, and 3 to the funeral PM3. Page 5 may be	72	3. NAME DF DECEASED (Type or print) ARRY CLINTON FLATER 0. DATE Month Day Year DEATH THOSE TA 1966				
= 1 =	2 with within	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS. last birthdey) Months Days Hours Min.				
age.	12 mit wi	WIDOWED DIVORCED AFFIL LE, 18/6 90 yrs.				
ive F	event	106. USUAL OCCUPATION (Give kind of workdone in the first of working life, even if retired) 105. KIND OF BUSINESS OR III. BIRTHPLACE (State or foreign country) (COUNTRY) 110. BIRTHPLACE (State or foreign country) (COUNTRY)				
aft.	pages 1	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME				
4 hours after death. If item 18. Give Pages 1, iffice along with form	oermit. I emoval,	PHILIP FLATER FLITABETH WALER				
24 that is the office of the o		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT MAN FLATER SANDY MOUNT RUAD				
thin icil 1 er's		10 - FINS BURGE, MD.				
ted within 2, in pencil in xaminer's 0		18. CAUSE OF DEATH (Enter only one cause per/line for (a), (b), and (c).] PART & DEATH WAS CAUSED BY: ONSET AND DEATH.				
P. T.	ansil n, ot	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Constitute from the description of the form of the fo				
certificate should be executed iting the word "pending" In jed to the Chief Medical Exan	burial-transit cremation, or u	Conditions, if any, which) (1) (1) (1) (1) (1) (1) (1) (1) (1) (
id be "Pe F Ne	Crem	gave rise to immediate cause (a), stating the DUE TO				
shou vord Chie	Sign	underlying cause last.) (c)				
certificate s riting the w ded to the (used as to burial	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PRIMARY OF CONTRIBUTING CAUSE WAS CAUSE OF DEATH.				
ng the	or tru	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.)				
te, writing	3 should be agent, prior i	B PRIMARY or CONTRIBUTING CAUSE OF DEATH.				
This te, wr orward	sho	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While Not While Not While				
INER Ifica be f	9 9	2 p.m. 19 at work 1				
L EXAMINER: ne certificat should be fo	R: Page Ignated	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion				
75.24		death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner				
MEDICA ecute t Page 4	is is a	ACTUAL SIGNATURE (19 CERCA STANT MEDICAL EXAMINER) 22. DATE SIGNED				
- March 19	AL D	EXAMINER'S LA CALL CONTROL DEPUTY MEDICAL EXAMINER A				
o beputy please ex director.	retained to FUNERAL of Health	NAME (Type) W. The MAN SALE CHEER OF CHARGE (Street, CHA Town, & Address, & County) 1232. BURIAL CREMATION, 23b. DATE PHEREOF 123c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 1834.				
o di di	200	REMOVAL (Specify) TEC /9#166 SANDY MOUNT CERY SANDY MOUNT MP				
	(0)	24. FUNERAL DIRECTOR ADDRESS 25a. REGISTRAR'S SIGNATURE				
	A15ME	Minus G. Saffelige WESTMINSTER, MO DATE DEC 9 1966 Journes Junge				
9300	7 7 7	PLEASANT GROVE				



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16972 law requires that the death certificate be executed within 24 hours after death. deoth. campletely filled in by the funeral PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) a COUNTY P COUNTY Maryland Carroll Carroll MARYLAND b CITY OR TOWN (if autside carparate limits, c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RJRAL and give nearest town) Rural Union Bridge 3 months Tanevtown d STREET ADDRESS e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Route 1 YES 🗌 NO 3 Middle 4. DATE 3 NAME OF First Last Month DECEASED DEATH December 2. Florence May Foreman (Type or print) AGE (In years last birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 8. DATE OF BIRTH remove (7 MARRIED NEVER MARRIED Manths Days WIDOWED DIVORCED May 30, 1889 Female White 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY I-tronsit permit. Then begge Housework Maryland Own home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Moser Elizabeth Wantz the ottending IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give war or dotes of service) Mrs. Harry Pittinger, R #5. Westminster, Md 220-01-6956 No 18. CAUSE OF DEATH (Enter only one cause per INTERVAL BETWEEN signed by the buriol-tronsit p burial, crematic PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DHE TO Conditions, if any, which gove rise ta immediate couse (a). DUE TO for use as the t f Health priar to b stating the underlying couse offending O FUNERAL DIRECTOR: After this certificate hos been WAS AUTOPSY PERFORMED? PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) MEDICAL CERTIF CATION NO YES 205 DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port II of item 18.) 20g ACCIDENT WAS UNDERLYING detoched for the Dept. of It OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) director, page 3 should be detoche should be filed with the State Dept. 20e. PLACE OF INJURY (Hame, farm, 20d INJURY OCCURRED (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year foctory, street, office bldg, etc.) Not While at work at wark 2]. I certify that (1) (this haspital) attended the deceased fram. 1966 that (I) (we) last 19 6 6, and that death accurred at 15 M. from causes and an the date stated above saw the deceased alive an 22o, SIGNATURE DATE SIGNED ATTENDING M.D DIRECTOR PHYS 22d ADDRESS 22c PHYSICIAN'S NAME (Type) 23d. LQCATION (City or Town) NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF (County) 23a BURIAL, CREMATION REMOVAL (Specify) Dec. 5. 1966 Reformed Cemetery Taneytown, Carroll, Maryland 2Sq. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 247 FUNERAL DIRECTOR/ VR A15 (4) O.Fuss & Son. Taneytown. Maryland DATE 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16973 CERTIFICATE OF DEATH 18053 O and death The faw requires that the death certificate be executed within 24 haurs after death signed by the attending physician and campletely filled in by the funeral burial-transit permit. Their-plagse remave carban papers. Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) c. COUNTY o. STATE **6 COUNTY** C. ARROLL carban papers. Pages 1 ent, within 72 hours after MARYLAND b CITY OR TOWN (f outside corporate limits C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside forporate limits, write RURAL and give negrest tawn) te RURAL and give nearest town) IS RESIDENCE ON A FARM? INSTITUTION (If not in hospital, give street address) NO 🔀 NAME OF 4. DATE Month Doy Уеог DECEASED OF DEATH (Type or print) 5.5 SEX 7. MARRIED NEVER MARRIED DATE OF BIRTH (In years birthdoy) Months Doys Hours WIDOWED DIVORCED 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR (County & State, or foreign country) 32 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY 13 FATHER'S NAME 14. MOTHER S MAIDEN NAME remov 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) CAUSE OF DEATH (Enter only one couse per line for (o), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gove nse to immediate cause (a) DUE TO stoting the underlying couse Page 4 may be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been as the lost WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for use NO YES 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRID. (Enter Joture of injury in Port I or Port II of item 18.) af. detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (County) foctory, street, office bldg., etc.) 22g: SIGNATURE 22b DATE SIGNED 12-31-66 DIRECTOR director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) NAC 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Stote) BURIAL, CREMATION 250. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE FUNERAL DIRECTOR YR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16974 requires that the death certificate be executed within 24 haurs after death death campletely filled in by the funeral tove carban papers Pages I and by event, within 72 hours after deatly PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND ARRALL CO. c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits CLENGTH OF STAY IN 16 write RURAL and give nearest town) 35 DAYS FINKSRURG A. NAME OF HOSPITAL OR INSTITUTION (IT not in hospital, give street oddress) d STREET ADDRESS IS RESIDENCE ON A FARM? CARROLL CO GENTRAL YES NO Z 3 NAME OF DECEASED 4 DATE Lost Doy Year OF. 19 66 (Type or print) DEATH AGE (In yeors IF UNDER 1 YEAR | 1F UNDER 24 HRS. S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED **B** DATE OF BIRTH lost birthday) Months Days Ho Jrs MARCH 23, 1895 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT INDUSTRY during most of working life, even if retired) COUNTRY? HAGERCTONN OPERATOR 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME ANNA PITZNO IZUCUST AUE. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) EDWARD J. FROCK 220-18-1917 signed by the atter burial-transit permi burial, crematian, a INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Cercbral Harombosis DUF TO Conditions, if ony, which gove rise to immediate couse (a), **DUE TO** stoting the underlying couse as the O FUNERAL DIRECTOR: After this certificate has been last. 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES | NO F 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) (County) 20c TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While ot work 21. I certify that (I) (this haspital) attended the deceased fram Dec 20, 1966, ta Dec 23, 1966, that (I) (we) last saw the deceased alive an 22, 1966, and that death accurred at 56 M, fram causes and an the date stated abave. 22b. DATE SIGNED 22o. SIGNATURE MED. DIRECTOR STAFF PHYS. The 5, Harshes director, pay M.D PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) HARSHEY, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION, 23b. DATE THEREO (County) (Stote) REMOVAL (Specify) PLFASANT VALIFU CARROLLED 24. FUNERAL DIRECTOR 2So REC'D BY REGISTRAR 25b REGISTRAR 5' SIGNATURE VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

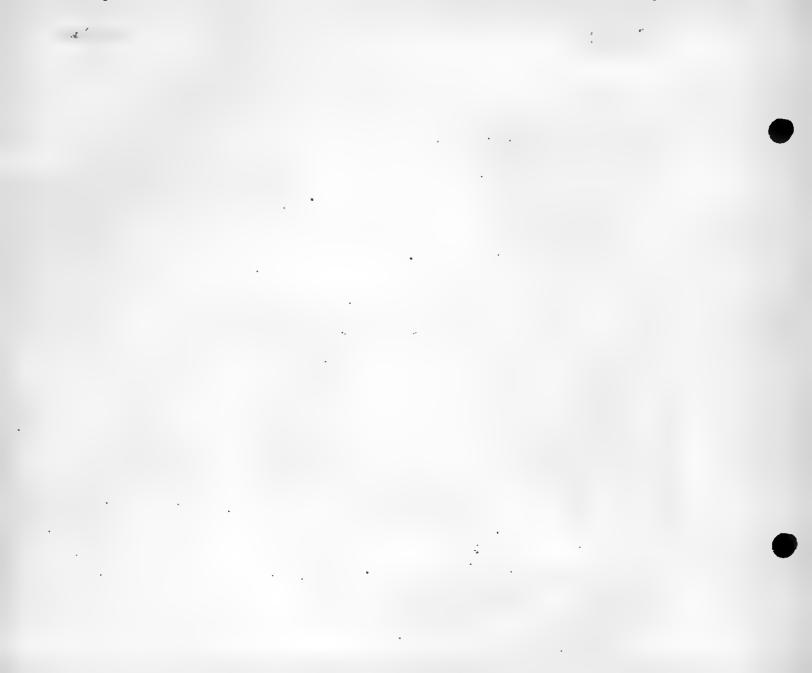
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16975 executed within 24 haurs after death. icial end to mpletely filled in by the funeral lease, contave carbon papers. Pages 1 and and in any event, within 72 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH a. COUNTY h COLINEY Carroll Maryland MARYLAND Montgomery c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 16 Silver Spring Sykesville 24D Rural d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 836 Bonifant Street Springfield State Hospital NO X 3. NAME OF Middle 4 DATE Year DECEASED 12 66 John Helvey Fowler DEATH (Type or print) 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH -last birthday) Haurs 1-2-1890 male white 7 WIDOWED DIVORCED 10b KIND OF BUSINESS OR IT BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10g US_AL OCCUPATION (Give kind of work done requires that the death certificate be unemployed TISA during most of working ite, even if retired) Penna. unknown 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME burial, crematian, or removal William Fowler Mary--Helvey 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, or unknown) (If yes give war at dates of service) 579-26-9574 Hospital Records unknown INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Uremia IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-tran DHE TO Nephrosclerosis, chronic Canditians, if any, which gave rise ta immediate cause (a). DHE TO stating the underlying cause use as the latter although the latter than the Arteriosclerotic cardiovascular disease vears WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) detached far use te Dept. af Health Chronic brain syndrome associated with arteriosclerosis, cerebrate 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of Item 18.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) director, page 3 shauld be detache shauld be filed with the State Dept. 20d, INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year While at work factory, street, affice blda., etc.) 1966 to 12-8 21. 1 certify that (4) (this haspital) attended the deceased from 11-14 . 19 66 that M (we) last 19.66, and that death occurred at 7:30 M, from causes and on the date stated above. sow the deceased alive on 12-8 22b. DATE SIGNED 12-8-66 22a. SIGNATURE ATTENDING 3 DIRECTOR M.D. PHYS. 22d. ADDRESS Springfield State Hospital 22c. PHYSICIAN'S Klaatsch. M.D. NAME (Type) Sykesville. Maryland 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BUR AL, CREMATION. 23b. DATE THEREOF (State) REMOVAL (Specify) Dec. 9, 1900 Memorial rark Cemetery St. Louis, Massour. 25b REGISTRAR'S SIGNATURE ADDRESS 2Sq REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 מסטו

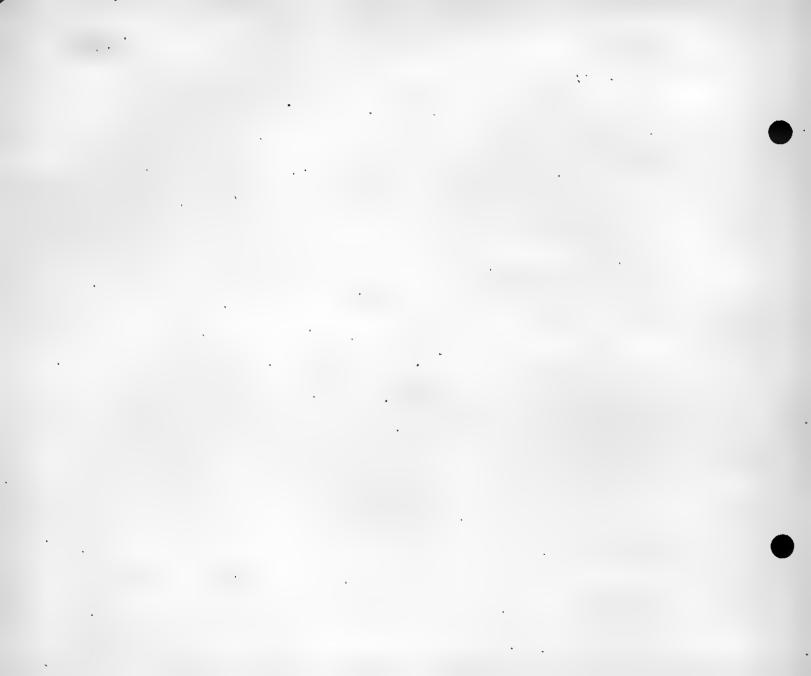
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND			
16976 CERTIFICATE OF DEATH 16973			
1. PLACE DF DEATH a. COUNTY Carroll MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY A. STATE D. COUNTY A. STATE D. COUNTY A. COUNTY			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) MANCH CS TOTAL AND LOCK Parameters of the Rock Parameters of the R			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 6. IS RESIDENCE DN A FARM? YES \(\sum_{\text{V}} \) NO \(\sum_{\text{V}} \)			
3. NAME OF DECEASED (Type or print) Force CM Middle Lest 4. DATE Month Day Year DEATH DEATH			
Male White WIDDWED DIVORCED Cat 6 - Something Country Months Days Hours Min. 108. USUAL OCCUPATION (Give kind of work done, 10b. Kind of Business OR 11, BIRTHPLACE (County & State, or Wreign country) 12, CITIZEN OF WHAT			
during most of working life, even if retired) NOUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unhown) (If yes give war or dates of service)			
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]			
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Corelary Vascular accordent			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY PERFORMED? YES NO			
Hour e.m. p.m. 19 While Not While factory, street, office bidg., etc.)			
21. I certify that (1) this hospital) attended the deceased from 12/4, 1966, to 12/6, 1966, that (1) (we) last saw the deceased alive on 12/16 1966, and that death occurred at 73.44, from the causes and on the date stated above. 22a. SIGNATURE MED. PHYS. STAFF 12/16/66			
22c. PHYSICIAN'S NAME (Type) W. 17. FOATAM.D 22d. ADDRESS AACH CS TET MED 2116 2 23a. BURIAL, CREMATION, 23b. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY 123d. LOCATION (City, town or county) (State)			
REMOVAL (SDe 17) 12/19/CL FEETLER SLOPE COL COL 24. FUNERAL DIRECTOR ADDRESS 1254_ REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE			
The Cape Che Roll of DATE 13 1966 Garles Judge			



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. funeral PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY the 1 b. COUNTY hours after Pages b. CITY OR TOWN (if outside corporate limits, c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENCTH OF STAY IN 1b 2 write RURAL and give nearest town) oon papers. Pag within 72 hours .⊑ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address filled e. IS RESIDENCE d. STREET ADDRESS ON A FARM? NO YES letely executed within carbon NAME OF First Middle DATE Month Last 4. Day Year DECEASED event, 3 66 (Type or print) DEATH compl 19 5. SEX 6. COLOR OR RACE ACE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS | last birthday) | Months | Days | Hours | Min. DATE OF BIRTH геточе NEVER MARRIED in any Months Days and WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 1/1. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT attending physician rmit. Then please lease and ir COUNTRY? 1010 U.S.A COUN The law requires that the death certificate FATHER'S NAME MOTHER'S MAIDEN NAME гетома ed by the attend transit permit. cramation, or re 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes nive war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per-fine for (a), (b). been signed by the burial-transit or to burial, crama PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which rise to immediate DUE TO cause (a), stating as th underlying cause last. CERTIFICATION PART II. OTHER SIGNAFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health i PERFORMED? certificate the hospital or NO YES T OR ATTENDING PHYSICIAN: be retained by the hospital 20a. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this certing detached fr 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) be de State factory, street, office bldg., etc.) Hour a.m. After Id be d While Not While p.m. 19 at work at work DIRECTOR: A age 3 should lied with the 21. I certify that (I) (this hospital) attended the deceased from saw the deceased arive on and that death occurred at M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SICNED ro FUNERAL DIRE director, page 3 should be filed v MED. DIRECTOR STAFF ATTENDING PHYS. PHYS. 4 may O HOSPITAL PHYS/CIAN'S NAME (Type) 22c. 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. CEMETERY OR CREMATORY (State) REMOVAL (Specify) 0 KIA 4 24. **FUNERAL DIRECTOR ADDRESS** 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A.15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16978 CERTIFICATE OF DEATH death. law requires that the death certificate be executed within 24 hours after death and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution- Residence before admission) o. COUNTY o. STATE b. COUNTY Carroll MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give nearest town) Week Sykesville Westminster IS RESIDENCE ON A FARM? ond completely filled in d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS NO Ex YES 🗀 Genera Tospita Carter Road 3. NAME OF némave carban First Middle Lost 4. DATE Month Doy Year DECEASED OF DEATH (Type or print) Greenfiel Josephine Gallagher Dec IF UNDER 24 HRS IF UNDER 1 YEAR 5. SEX 6 COLOR OR RACE 9 AGE (In years 7. MARRIED **NEVER MARRIED** DATE OF BIRTH lost buthday) Months Days Hours WIDOWED DIVORCED Hemale Inita 10o. USUAL OCCUPATION [G ve kind of work done 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRYSA during most of working life, even if retired) Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME attending phys Ether Wood Joseph Gallagher 17 INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address Mr. Dickson Greenf ield Sykesville 1B. CAUSE OF DEATH (Enter only one couse per line for fall ONSET AND DEATH transit PART I. DEATH WAS CAUSED BY: signed by t burial trans IMMEDIATE CAUSE (o) DUE TO burial, Conditions, if ony, which gave rise to immediate cause (a), DUE TO stoting the underlying couse as the TO FUNERAL DIRECTOR: After this certificate has been lost. PART II THER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? detached far use te Dept. af Health NO YES 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING E OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (Stote) 20c. TIME OF INJURY Month, Doy, Year 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home, form, (City or town) (County) factory, street, office bldg., etc.) Not While of work 21-1 certify that (1) (this hospital) attended the deceased fram 1944 that (1) (we) last 10 / 3 should I and that death accurred at 275 4 M, from causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 12207 SIGNATURE LATTENDING STAFF PHYS. M.D. DIRECTOR PHYS r, page 3 be filed 22d ADDRESS 22c/ PHYSICIAN'S NAME (Type director, shauld b BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) 23b. DATE THEREOF สิกราร์ ก็ 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 250 REC'D BY REGISTRAR lianley VR A15 (4) 1966 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 16979 CERTIFICATE OF DEATH PLACE OF DEATH-2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY o. STATE filed b. COUNTY MARYLAND arvel death c. CITY OR TOWN of outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b. RURAL and give nearest town) d. STREET_ADDRESS e. IS RESIDENCE d NAME OF HOSPITAL (If not in hospitot, give street address) OR INSTITUTION ON A FARM? YES NO 🔀 DATE NAME OF Yeor First Middle Month Day Lost DECEASED DEATH (Type or print) 19 IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years 5 SEX 16. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost bighdoy) Months Doys Hours DIVORCED | WIDOWED 7 12. CITIZEN OF WHAT COUNTRY? USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) during shost of working life, even if retired) guq 13. FATHER'S NAME 14. MOTHER S MAIDEN NAME g physicion remave carb vent, within 7 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address 17 INFORMAN (If yes, give wor ರಾ INTERVAL BETWEEN 18 CAUSE OF DEATH [Enter only one couse per line for (6), (6) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO Conditions, if ony, which gned gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES | NOT 200. ACCIDENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20d. INJURY OCCURRED Doy, Year foctory, street, office bldg., etc. Hour o m Whi e Not while of work at work p. m 19 66 that (1) (we) lost 21 | certify that (1) (this haspital) attended the deceased from I 6: 196 and that death occurred at A. M. From the couses and on the date stated above sow the deceased alive on 22b DATE 220 SIGNATURI ATTENDING PHYS MED DIRECTOR STAFF M.D. DIRE 220 PHYS CIAN'S 22d ADDRESS FUNERAL C NAME. (Typei NAME OF CEMETERY OR GREMATOR LOCAT ON (C ty Sown, or county) 23a BURJAL CREMATION THEREOF REMOVAL (Specify) Juken 25b REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR ADDRESS 24. FUNERAL DIRECTOR'S SIGNATURE 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16980 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH requires that the death certificate be executed within 24 hours after deal o. COUNTY b. COUNTY Baltimore physician and completely filled in by the fur ien please remove orban papers. Pages I avol, and it any eyent, within 72 hours after Carroll MARYLAND b. CITY OR TOWN (if autside corporate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Upperco Westminster d STREET ADDRESS IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Trenton Road YES X NO Carroll County General Hospital NAME OF 4. DATE First lost Month Dov Year DECEASED MITCHELL HALE 1966 Type or print JOSHUA DEATH 1 YEAR IF UNDER 24 HRS SEX DATE OF BIRTH 9. AGE (In years 6 COLOR OR RACE 7. MARRIED TO NEVER MARRIED lost birthdoy) Months Doys Hours /14/1891 WIDOWED DIVORCED White Male 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) **COUNTRY?** during most of working life, even if retired) INDUSTRY Maryland USA Farmer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the offending phys or removo Laura Alban Joshua T. Hale WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service 215-36-8207 Mrs. Elsie Hale Upperco. Md. buriol-tronsit perr burial, crematian, no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' þ DUE TO paubis Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse os the prior to l hos been lost WAS AUTOPS)
PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION Health NO F O FUNERAL DIRECTOR: After this certificate PHYSICIAN: į 20o. ACCIDENT WAS UNDERLYING 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) detoched for the Dept. of H OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAM, NER) MEDICAL (Stote) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Dov. Yeor factory, street, office bldg., etc.) Hour o.m. While Not While of work of work 21. I certify that (1) (this hospital) attended the deceased from Dec 12, 1966, to Dec 13. __, 196 € , that (I) (we) lost be retoined Dec (3, 1966, and that death accurred at M. from causes and on the date stated above. saw the deceased olive an 22b. DATE SIGNED 22o. SIGNATURE director, poge 3 should be filed v M.D. PHYS DIRECTOR PHYS 22d ADDRESS 22 PHYSICIAN'S Poge 4 may S. HARSHEY, M.D. NAME (Type) 23d LOCATION (City or Town) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (State) 23o. BURIAL CREMATION. REMOVAL (Specify) 12/16/66 Forest Baptist Cemetery Balto. Co. Md 25b. REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Mlanles Judg Tipton-Eline Funeral Home. Hamps tead. Md. 1966 DATE



PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission, b. COUNTY a. COUNTY 10 P PRROLL ARROLL MARYLAND and b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If eatside corporate limits, write RURAL end give necrest town) E. LENGTH OF STAY IN 16 write RUBAL and give nearest town) FINKS BURG RTHI 73 PRS.

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) ON A FARM? SANDYMOUN completely NO F 3. NAME OF Middle DATE DECEASED OF LEN (Type or print) DEATH withir carbon IF UNDER 7. MARRIED ANEVER MARRIED AGE (In years) IF UNDER 1 YEAR and last birthday) Months Deys event, WIDOWED DIVORCED physician remove 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or fore gn country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) HOUSE - WIFE CARROLLCO BSBB .⊑ a attending Then please and NERUA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address SAME (Yes, no, or unkown) | (Ifyesgive werordeles of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) **DUE TO** Conditions, if any, which (d1 gave rise to immediate cause **DUE TO** (e), stelling the underlying couse last. certificate PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160 19. WAS AUTOPSY as CERTIFICATION PERFORMED? 950 prior YES NO N ğ 20e ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert 1 or Pert 11 of Item 18.) Health (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) 2Dc. TIME OF INJURY Month, Dey, Yeer jo factory, streat, office bldg., etc.) Whila Not While Hour e.m. DIRECTOR et work et work p.m. 21. I certify that (i) (this hospital) attended the deceased from Alphenetes 196 (P that (I) (we) las saw the deceased alive on Decem DATE SIGNATURE 22b. page with th PHYS. DIRECTOR PHYS. FUNERAL M.D. HOSPITA 22d. ADDRESS 22¢ PHYSICIAN'S rector, filed v CEMETERY OF CREMATORY 23d. LOCATION ICITY, town or county 23Ь. DATE THEREOF D. g. g BURIAL CREMATION. 230 Ö REMOVAL (Specify) REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **EUNERAL DIRECTOR'S SIGNATURE** VR A1S [4] DATE 20M 5-63



1 (N)	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND				
FOR STATE	16982 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 16979				
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY Carroll MARYLAND 2. USUAL RESIDENCE (Where deceased lived, It institution: Residence before admission) b. COUNTY Maryland Maryland Carroll				
o the funeral e 5 may be Department after death.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Rural-Sykesville at ilderolung				
Dep: 5	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give streat address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?				
ay ay a 3 to 3 to 3 to 2 to 2 to 3 to 3 to 3 to	Carroll County Teneral Hospital R.D. 2 YES NO 2				
ny del 2, and M3. The S	3. NAME OF First Middle Last 4. DATE Month Day Year OF OF DECAMBED DECEMBED William I's Last 1965				
11 H	5 SEX 16 COLOR OF PACE 1 - COLOR OF THE SEX OF FIRST 19 ACE (In years 1) FARIBILINGER 24 HRS				
form form	Male White WIDOWED DIVORCED X Dec. 3, 1897-? 69 yrs. Months Days Hours Min.				
er dea ive Pa with with l and event	108. USUAL OCCUPATION (Cive kind of work done done in the late of				
ours afte n 18, Giv e along pages 1 in any 6	Carpenter (relired) INDUSTRY South Datota U.S.A. 13. FATHER'S NAME				
ours m 13 ce al	William L. Farris Annie M. Melson				
24 ho in Item Office File	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (Iffyes give war or dates of service) 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 8-13 17th Ave. Langley				
d within 24 pencil in miner's 0 permit. Premoval,	Yes WW 1 218-14-8375 Mr. William L. Tarris Park, W.				
amir amir t pe	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH				
uld be executed i "pending" in ef Medical Exam a bur.al-transit cremation, or	DUE TO CO DUE TO				
e ex edica rial-t mati	Conditions, If any, which gave rise to immediate (b) Car Noce More More of Joesanie				
ef Mef was a pu	cause (a), stating the DUE TO				
Treate shoul the word to the Chief used as a to burial, ((0/4				
the the to b	YES NO X				
MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delecute the certificate, writing the word "bending" in pencil in Item 18. Give Pages 1, 2, and Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. or your files. Linector: Page 3 should be used as a bural-transit permit. File pages 1 and 2 with the Storm its designated agent, prior to burial, cremation, or removal, and in any event with the Storm its designated agent.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 18 THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTUSE? PERFORMED? YES NO 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO DEATH BUT NOT RELATED 18 THE TERMINAL DISEASE CONDITION CIVEN IN PART 1 (a) 19. WAS AUTUSE? YES NO CAUSE OF DEATH. 20a. TIME OF INIURY Month Day Year 1 20a Niury Occurred 120c. PLACE OF INJURY (Home, farm.) 20f. 7 (City or town) 4.4 (County) (State)				
NER: The ficate, be forw ge 3 sh	4 to E p.m. 12/16 1966 at work at work office bldg, atc.) Sykesculle Carrell Mil				
EDICAL EXAMINER ute the certifice ge 4 should be your files. NRECTOR. Page its designated	21. I certify that took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion				
DICAL EXP rite the company of the co	death resulted from: Natural causes , Accident , Suicide , Homicide , Ondetermined manner				
EDICAL EXP cute the coage 4 shoul your files. URECTOR:	ACTUAL SIGNATURE 1 LEGGE M.D. ASSISTANT MEDICAL EXAMINER 12. DATE SIGNED				
C the series of	EXAMINER'S NAME (Type) W. Flern meicher Address (Street offy, leven, at county) Street of the first of the county				
O DEPUT please director retained D FUNER of Heall	238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY 8. 23d. LOCATION (City, town or county) (State)				
of dispersion of the	REMOVAL (Specify) 12/12/1966 Wesley Freedom Carroll Co. 1:d. 24. FUNERAL DIRECTOR ADDRESS 256. REC'D BY REGISTRAP'S SIGNATURE				
VR A15ME	IC By Joshy Dorr Old Gringerist 22 1 1866 12 2012 Control				
3500 4-64	DATE DATE				



	1 🙀	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND			
	- E2-	16983 CERTIFICATE OF DEATH 16	480		
	24 hours after death. filled in by the funeral apers. Pages 1 and 2 n 72 hours after death.	12. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY b. COUNTY			
	after the after after	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL)	Proll		
	in by the s. Pages hours aft	Sykesville Life Sykesville	. /		
	rithin 24 hou etely filled in bon papers. within 72 ho	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE		
		Central Ave Central Ave.	YES NO		
	PHYSICIAN: The law requires that the death certificate be executed within the hospital or attending physician. This certificate has been signed by the attending physician and completely detached for use as the burial-transit permit. Then please remove carbon per Dept. of Health prior to burial, cremation, or removal, and in any event, within	3. NAME OF First Middle Last 4. DATE Month OF OF DEATH DOG	Oay Year		
	composition of the composition o	CTypa or print) Mel Vin Wood DEATH Dec	23 19 6 I YEAR JIF UNOER 24 HR		
	ficate be executed with physician and complete on please remove carbo wal, and in any event, we	Male White WIDOWEO DIVORCED April 23, 1832 84 yrs.	Days Hours Min.		
	ian a	10a, USUAL OCCUPATION (Give kind of work done) 10b, KINO OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) 12, CII	TIZEN OF WHAT		
	ysic ysic plea i, an	Railroad Trackman B & O Railroad Maryland U	JA		
	tifica g ph nen noval				
	eath certificat attending phy ermit. Then p	Valentine Hartman Cornelia Bost 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address			
	at the death c ian. d by the attend ransit permit. cremation, or r	(Yes, no, or unknown) (If yes give war or dates of service) No 705 09 0197 Mrs. Annie Hartman Sykes	ville. Má		
	the d	18. CAUSE OF DEATH (Enter only one causa per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH		
	at the sian. I san. I san. I sans trans crer	PART I. DEATH WAS CAUSED BY: Coronary occlusion	<u>sudden</u>		
	ires that the physician. It is signed by the purial-transit burial, cremat	Conditions, if any, which Coronary disease	one yr.		
	require ding pl been the bu the bu	gave rise to immediate (0.10 9.20		
	N: The law requires that that talor attending physician. Historicate has been signed by for use as the burial-tran Health prior to burial, cre	underlying cause last. (c) Generalised arteriosclerosis	10 yrs.		
	e law attender has les as les the prior	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?		
	t: The al or ficate for us Healt	Hypertension, nephrosclerosis. 20a. ACCIOENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)	YES NO		
	PHYSICIAN: The la the hospital or att this certificate h detached for use : te Dept. of Health p	Hypertension, nephrosclerosis. 20a. ACCIOENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
	HYSI the h this letac Dep		ty) (State)		
	d by the After of the dise dise dise dise dise dise dise dis	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. While Not While p.m. 19 at work at work			
	= 0 = 0		6, that (1) (we) las		
_	ATTEN retaine ECTOR: 3 shoul with the	saw the deceased alive on Dec. 9 19 66, and that death occurred at M, from the causes and on the 22a, SIGNATURE	e date stated above		
	AL OR ATTEN hay be retain L. DIRECTOR: page 3 shou filed with th	Sam Chartmann. ATTENDING MEO. STAFF DE	//		
	≒ € _ 8 =	22c. PHYSICIAN'S NAME (Type) Sani Okutman 22d. AOORESS Sykesville Md.	<u> </u>		
	O HOSPITA Page 4 m D FUNERAL director, I	23a. BURIAL CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or coun	nty) (State)		
	5 5 5 S	23a. BURIAL CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or cound REMOVAL (Soecity) 12-26-66 Pine Grove Cemetery 21t. Airy	1.7		
	A CONTRACTOR	24. FUNERAL DIRECTOR LINES JADORESS JOSE 258. REC'D BY REGISTRAR' 255. REGISTRAR'S 250. RE	SIGNATURE		
	VR AI5 (4)	Hally W. Malyre sepresoul, Mill. 1000 12 1000 12	7_0		
		V			



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 6984 16981 CERTIFICATE OF DEATH the attending physician and campletely filled in by the funeral sit permit. The please remaye carbon papers. Pages 1 and 2 sit permit. The please remaye carbon papers. requires that the death certificate be executed within 24 haurs after death PLACE OF BEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) a. COUNTY a STATE Maryland Baltimore City Carroll MARYLAND C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) b CITY OR TOWN (If guitside carporate limits. write RURAL and give nearest town)
Sykesville 2h dvs. Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 212 E. University Parkway Springfield State Hospital YES [NO D NAME OF Middle First 4 DATE Last Manth Day Year DECEASED OF DEATH GERALD WASHINGTON HILL DECEMBER 28 66 Type or pont 19 IF JNDER 24 HRS S. SEX 6 COLOR OR RACE IF UNDER 1 YEAR 7. MARRIED 8 DATE OF BIRTH 9. AGE (In years NEVER MARRIED birthdoy Manths Days Hours Male White 2-22-1898 WIDOWED DIVORCED 16a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working ife, even if retired) INDUSTRY COUNTRY? Maryland
14. MOTHER'S MAJDEN NAME Attorney TLS.A 13. FATHER S NAME George W. Hill Mary E. Deibel 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO (Yes, no or unknown) lift yes give war or dates at service 1918-19 217-38-3330 Records, Springfield State Hospital crematian. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN signed by the burial-transit p PART I DEATH WAS CAUSED BY-DAVS AND DEATH Acute pulmonary edema IMMEDIATE CAUSE (o) DUE TO Arteriosclerotic cardiovascular disease Conditions, if any, which gave Years rise to immediate cause (a), DUE TO stating the underlying cause Page 4 may be retained by the haspital ar attending as the prior to TO FUNERAL DIRECTOR: After this certificate has been Years Pulmonary emphysema iast WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(q) ed for use of Health p NO K YES [20g ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c TIME OF INSURY Month, Dov. Year Hour a.m factory, street, office bldg., etc.) While Not While of work 21. I certify that (I) (this haspital) attended the deceased from 12-11-66 saw the deceased glive on 12-28-66 19 and that death according to the deceased glive on 12-28-66 19 to12-23-66 ___, 19____, that (I) (we) last 19 , and that death accurred at 1:30M. fram causes and an the date stated above. saw the deceased alive on 22o. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. £ 12-28-66 director, page 3 shaul be filed v M.D. DIRECTOR PHYS 22c. PHYSICIAN'S 22d. ADDRESS Springfield State Hospital NAME (Type) Octavio A. Ruiz. Sykesville, Maryland 23b PATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 23d. LOCATION (City or Town) (County) (Stote) PEMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Marken DATE



12		MARYLAND STATE DEPARTMENT OF HEALTH AIXISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
£ 80£		16365 CERTIFICATE OF DEATH
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nours in by s. Pa		KUTAI - FINKSBURG YEARS KUTAI - LOUISVILLE FINKSBURG
requires that the death certificate be executed within 24 hours after death ding physician. been signed by the attending physician and completely filled in by the funeral the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 or to burial, cremation, or removal, and in any event, within 72 hours after death.		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS LOUISVILLE ROAD e. IS RESIDENCE DN A FARM? FINKS BUR9-LOUISVILLE Rd. YES DNO M
within sletely arbon t, with	3.	NAME OF DECEASED FOR First Middle // Last 4. DATE Month Day Year
compose compos	5.	(Type or print) CARI CNESTER HUTCHINSON DEATH DEC. 30 1966 SEX 6. COLDR OR RACE 7. MARRIED NEVER MARRIED 8. DATE DF BIRTH 9. AGE (in years FUNDER 14 FEAR F
exec n and rem in any	1D:	DIVORCED APPLIANT APPLIANTS
death certificate be to attending physiciar permit. Then please tion, or removal, and i		-UMBERMAN LUMBER MARY HANCI- COUNTRY? LUMBER MAN LUMBER MARY HANCI- COUNTRY?
rtifical ng ph Then p	13	FATHER'S NAME WM HUTCHINSON A/UESDA-NOCH
of Fig.	15 (Y	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address
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at the ian. d by reansition crem		PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (a) Mycardigal Sufage lie DNSET AND DEATH
es though signer signer and a signer		Conditions, if any, which) DUE TO authorised selevable Cardio Cardia Landia 10 yrs.
requireding less the part to be by the bar to be or to be		gave rise to immediate cause (a), stating the DUE TO disland
e has se as se as the privile	TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUXOPSY PERFORMED?
N: The tal or ifficate for us Health	CERTIFICATION	YES ND Z
SICIA hospi s cert ched ched	•	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transit should be filed with the State Dept. of Health prior to burial, crema	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. While Not While at work at work at work
NDIN ned b is Aft uld by	E	21. I certify that (I) (this hospital) attended the deceased from any 1965 to 12-50, 1966 that (I) (we) last
ATTE retail ECTOR S showith 1		saw the deceased alive on 12-59, and that death occurred at 221M, from the causes and on the date stated above.
O HOSPITAL OR ATTENDING Page 4 may be retained by PUNERAL DIRECTOR: After director, page 3 should be should be filed with the Stat		M.D. ATTENDING MED. STAFF 12-30-66
HOSPITAL Page 4 may FUNERAL D Girector, page Should be filled	_	NAME (Type) R. V. HOUCK, JR. Syresville, Wid.
TO HC Pag TO FU dire show	23:	REMOVALI(Socily)
0	24	
VR AI5 (4) 20M 1/65	=	Herry W. Haight Sykistell, Ma. DATE JAN 1 1867 filones grade
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16986 CERTIFICATE OF DEATH low requires that the death certificate be executed within 24 hours after deoth completely filled in by the funeral love corbon papers. Pages 1 and 2 y event, within 72 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY o. STATE b. COUNTY Carroll MARYLAND Maryland Howard b (ITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 16 11 mos. 7 dys. Woodbine Route #2 Svkesville d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) IS RESIDENCE ON A FARM? d STREET ADDRESS YES A NO Springfield State Hospital 3. NAME OF Middle 4 DATE Lost Month Day Year DECEASED (Type or pont) CARROLL OSCAR HYMILLER 28 DECEMBER 66 DEATH 19 IF UNDER 1 YEAR 9. AGE (In years 1F UNDER 24 HRS. S SEX DATE OF BIRTH 6. COLOR OR RACE 7 MARRIED NEVER MARRIED гетоме birthday) Months Doys Hours 5-22-89 White Male WIDOWED DIVORCED the attending physician and sit permit. Then please rem 100 JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT INDUSTRY FARMING during most of work ng life, even 'f retired) COUNTRY? Maryland Farm laborer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar removo Nathan Hymiller - Warner IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address 16. SOCIAL SECURITY NO (Yes, no, ar unknown) ((If yes give war or dates of service) 212-32-1796 Records, Springfield State Hospital No burial, cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) signed by the burnal-transit p PART I, DEATH WAS CAUSED BY ONSET AND DEATH Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) 4221 DUE TO Eanditions, if any, which gave Years Generalized arteriosclerosis rise to immediate cause (a), DUE TO stating the underlying couse by the hospital or ottending as the prior to l TO FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Chronic brain syndrome associated with senile brain disease, with psychotic reaction. for use Health NO X 205, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 200 ACC DENT WAS JNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Nat While Hour a.m. factory, street, office blda., etc.) at work at work 2:35to 12-28-66, 19__, that (I) (we) last M. from causes and an the date stated abave 21. I certify that (I) (this haspital) attended the deceased fram, 1-21-56 Poge 4 moy be retoined director, page 3 should should be filed with the saw the deceased alive an 12-28-66 19 , and that death accurred at 22a, SIGNATURE 22b. DATE SIGNED ATTENDING 2 12-28-66 DIRECTOR M.D PHYS. PHYS. Springfield State Hospital 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Octavio A. Ruiz. D. Sykesville Maryland 2178h 23c NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d. LOCATION (City or Town) (County) 230 BURIAL, CREMATION (State) REMOVAL (Specify) Sykesvi 250 REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 24 hours after death, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY b. COUNTY Carroll MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) Sykesville mo., 7 days Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? carbon pap ent, within X 1535 Poplar Grove St. Springfield State Hospital NO X YES letely NAME OF Middle Month First DATE Day Last DECEASED OF event. 196 (Type or print) DEATH 2-6-1 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (in years IFUNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months I Days Hours Min. and cor 9. 7. MARRIED I NEVER MARRIED X any WIDDWED [Male Negro = 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT sician lease r and in eertificate be during most of working life, even if retired) INDUSTRY COUNTRY? U.S.A. Paint maker Maryland ing physic Then plea 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova attending Thomas Johnson Sarah Brown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SDCIAL SECURITY NO. 07 (Yes, no. or unknym) ((If yes alve war or dates of service) death transit perm cremation, Records, Springfield State Hospital the t 18. CAUSE DF BEATH (Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH -transi PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute & chronic myocardial infarction (septal) attending physician. Minutes and gned been signed the burial-to or to burial, months coronary arteriosclerosis Years Conditions, If any, which (b) Acute pulmonary embolism. gave rise to immediate DUE TO cause (a), stating the underlying cause last. 25 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY PERFORMED? The certificate YES X ND -2Da. ACCIDENT WAS UNDERLYING ()
OR CONTRIBUTING () CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HDW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) this cert detached MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20f. (City or town) (County) (State) 2De. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m. While Not While at work at work the S .0⇔L:=66 21. I certify that (I) (this hospital) attended the deceased from that (1) (we) last DIRECTOR: age 3 should led with the and that death occurred at Z. M., from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE 12-11-66 FUNERAL PAYSICIAN'S NAME (Type) 22d. ADDRESS 22c. director, p Springfield State Hospital. BURIAL, CREMATION, REMOVAL (Specify) LOCATION (City, town or county) DATE THEREOF 23b. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) 2DM 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16988 CERTIFICATE OF DEATH ond 2 death. requires that the death certificate be executed within 24 hours after death. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) physician and completely filled in by the funeral enclesse remove corbon popers. Pages I and o. COUNTY **b** county popers. Pages 1 of thin 72 haurs ofter d MARYLAND LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits write RURAL and give nearest town CNEST e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) YES NOTE 3. NAME OF Middle 4. DATE First Lost Month Doy Year DECEASED (Type or print) 196 DEATH IF JNDER I YEAR IF UNDER 24 HRS S SEX AGE (In years 6 COLOR OR RACE 7. MARRIED NEVER MARRIED lost berthdoy) Months Dovs Hours WIDOWED DIVORCED in any 12 CITIZEN OF WHAT 10o IISHAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR (County & State, or foresan country) COUNTRY? during most of working life, even if retired), £5 13. FATHER S NAME TOIMMIN WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT (Yes, no, or unknown) I(If yes give wor or dates of service) buriol, cremation, CAUSE OF DEATH (Enter only one couse per line-for (o), (b), and (c).) INTERVAL BETWEEN signed by the buriol-transit PART I. DEATH WAS CAUSED BY-ONSET, AND DEATH IMMEDIATE CAUSE (p) DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been the WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) be detoched for use State Dept. of Health NO TZ YES [200 ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (County) (Stote) 20d INJURY OCCURRED 20a, PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While at work 21. I certify that (1) (this haspital) attended the deceased fram 1966 <. 1966, that (I) (we) last director, page 3 should should be filed with the and that death occurred at M. from causes and on the date stated above saw the deceased alive on 22b. DATE SIGNED 220. SIGNATURE ATTENDING M.D DIRECTOR PHYS PHYS 22d. PHYSICIAN'S 22c NAME (Type) **LOCATION (City or Town)** 23b DATE THEREOF (County) (Stote) 230 BURIAL CREMATION. REMOVAL (Specify) CARROLL 24 FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE, VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE HEALTH DERT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY b. COUNTY Carroll a. STATE Carroll MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Hampstead 2 vears Hampstead d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ay is 3 to t Page ON A FARM? Gross Mill Rd. Gross Mill Rd. State hours NO 3. NAME OF DATE Month First Middle Last Day DECEASED Keefer Michael Dec. James DEATH (Type or print) 19 AGE (in years | IFUNDER 1 YEAR | IFUNDER 24HRS. | Jast birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED Male W June 20, 1949 WIDOWED [DIVORCED event 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Army Balto. City 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Caltin Elmer Keefer Tsabelle Christine Havnes 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes three war or dates of service) permit. I 217-50-1853 Calvin E. Keefer Hampstead. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: burial-transit cremation, or IMMEDIATE CAUSE (a DUE TO roughed Poesoning Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last ed as burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO I RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO M YES [E CE OCCURRED (Enter nature of Injury in Part 1 or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS forwarded PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. plnous 3 shoul agent, WEDICAL plactory, street, offigebldg., etc. Larcal at Haml GTOR: Page designated at work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection 🗙 Inquiry and in my opinion should Undetermined manner **Homicide** Natural causes Suicide death resulted from: CHIEF MEDICAL EXAMINER VOUL 22. DATE SIGNED SIGNATURE 0 DEPUTY MEDICAL EXAMINER **EXAMINER'S** director. retained Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23b. DATE THEREOF 23a. BURIAL, CREMATION. Carroll Co. Md. 12/30/66 Meadow Branch Cemetery 0 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Tipton - Eline Funeral Home Hampstead, Md. VR A15ME 3500 4-64

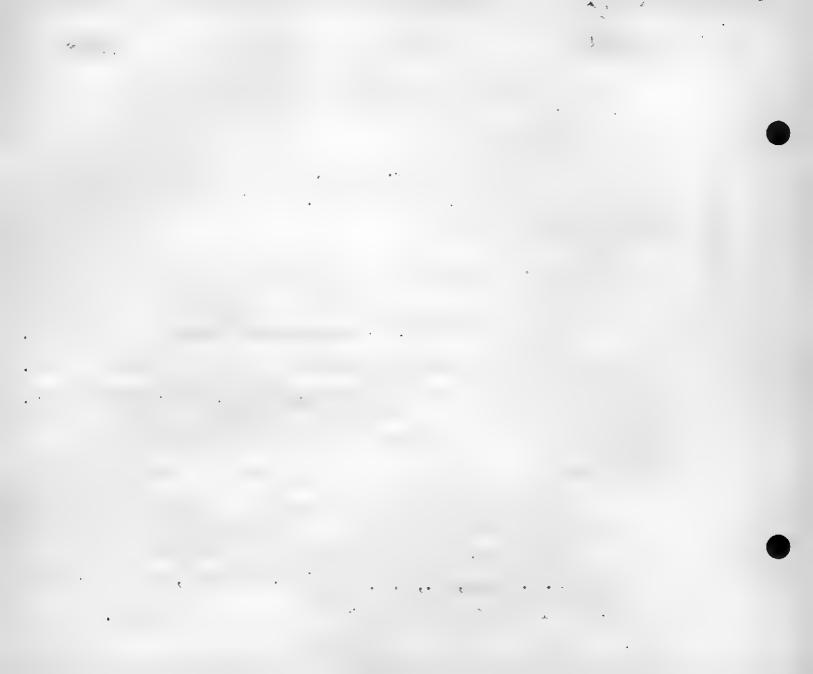


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1	6990			CERTIFICA			,		169	187
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d	Sykesvil	lle	FIGN (16 not in h	ospital, give street addre	Balti	more.	City			
	pringfiel				1		Height	s Road		ON A FARM?
DE	ME DF CEASED	TAANATET	First	Middle	Last		4. DATE OF	Month	Day	y Year
SE)	ype or print)	FANNIE		EN KERMISCH	8. DATE OF BI	IDTU	DEATH	DEC.	/ E	1966 RIF UNDER 24 HRS
F.		Mhite	WIDOWED	NEVER MARRIED DIVORCED	unknown		85		onths Days	Hours Min.
uring	SUAL OCCUPATION (most of working li housewife	life, even If ret	rk done 10b. K ired) Ir	IND OF BUSINESS OR IDUSTRY	.1		ty & State, or fo		12. CITIZEN COUNTR U.S.	Y?
13. F#	ATHER'S NAME				14. MOTHER		NAME		1 0 8 0 8 9	1.0
	Joseph C				Miri	am				
15. WA (Yes, no	AS DECEASED EVER	INUS. ARMED yes give war or date	FORCES? 16.		7. INFORMANT			Address	Sykesvi	ille, Md.
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Cor gav cau	PART I DEATH 33 // M Inditions, If any, ve rise to imm use (a), stating derlying cause ias	WAS CAUSED IMEDIATE CAUSE Which nediate g the Di st.	BY: SE (a) DE TO (b) JE TO	ne for (a), (b), and (c).]	arte	rusi	Coron	3	ONS	ERVAL BETWEEN SET AND DEATH
208 208 32 OR (IF	Chronic b a. Accident was contributing c EITHER, NOTIFY	orain sy underlying cause of di medical exam	ndrome, 20b. c	TINGTO DEATH BUTNOTR cerebral art ESCRIBE HOW INJURY OF	orioscler CURRED. (Enter n	osis in	with ps Jury In Part I	ychotic or Part II of I	tem 18.)	PERFORMED?
WEDICAL 200	c. TIME OF INJUR Hour a.m. p.m.	RY Month, Day	While	Not While fa	LACE OF INJURY (I ctory, street, office			or town)	(County)	(State)
						4	. to 12	11/2	. 19 %/o. t	hat (I) (we) las
	saw the decease	ed alive on		or, 711. S	11-13-6 hat death occurr ATTENDING PHYS. 22d. ADDI Sykes	red at ME	SePM, from t	STAFF PHYS.		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 24 hours after death. and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Carroll Maryland Carroll MARYFAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Syke sville = Syke sville papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Grand View Nursing Home thin thin Route NO. YES letely executed within carbon NAME OF First 4. DATE Middle Last Month Day Year 34 DECEASED /Klingelhofer OF December Mary D. 1966 (Type or print) 6. COLOR OR RACE | 7. MARRIED 5. SEX гетоуе, 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED X lass pirthday) Months Feb. 28, 1882 Days Hours and Female White WIDOWED IT DIVORCED [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY

Never worked .= 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) death certificate be USA USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova Charles Klingelhofer Christina trans.t permit. cremation, or re 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) Grand View Nursing Home Records 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH law requires that the à -trans. PART I. DEATH WAS CAUSED BY: HYPERTENSIVE CARDIOVASCULAR DISEASE 20+vrs attending physician. been signed the burial-transor to burial, cre IMMEDIATE CAUSE (a) DUE TO GENERAL ARTEROSCLEROSIS Conditions, If any, which (b) gave rise to immediate DUF TO cause (a), stating PARTIAL INTESTINAL OBSTRUCTION underlying cause last. 38 CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY for use Health PERFORMED? certificate YES NO __ PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part II of Item 18.) tached f MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bidg., etc.) Hour a.m. Not While While p.m. at work at work 21. I certify that (I) (this pospital) attended the deceased from 27/Sept/66 pinou to 23/Dec/66, 19. DIRECTOR: age 3 should led with the saw the deceased/alive on 23/Dec/66 and that death occurred at 8:30M ANom the causes and on the date stated above. 22a, SIGNATURE 22b. DATE SIGNED ě page ATTENDING PHYS. MED. DIRECTOR M.D. PHYS. Page 4 may TO HOSPITAL ADDRESS FUNERAL 22c. PHYSICIAN'S 22d. director, p NAME (Type) Sykesville, Maryland Jr. Lawson. BURIAL, CREMATION, REMOVAL (Specify) Burial 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Loudon Park Cemeterv Baltimore ADDRESS 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR REC'D BY REGISTRAR VR AI5 (4) 20M



		1(IV)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
Course of the last	دے	E25	16992 CERTIFICATE OF DEATH	
	after death	funeral and 2 r death.	1. PLACE OF DEATH a. COUNTY Carroll MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admis e. STATE b. COUNTY Carroll MARYLAND MARYLAND	sion
		y the ages] s afte	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	own)
	24 hours	filled in bapers. Prin 72 hour	d. NAME OF HOSPITAL OR INSTITUTION (If not in possibility of street address) d. STREET ADDRESS	NCI
			ON A FAR	M?
	withi	completely ove carbon p event, withi	NAME OF First Middle Lost 4. DATE Month Day Year DECEASED (Type or print) George Washington Knouse Sr DEATH 12 9 196	6
	ecuted	and comple remove carl any event,	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARNED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24	HRS Min.
	pe ex	4 a 10	OB. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR Luring most of working life, even if retired) 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
	ificate	physician fett. please r loval, and in	13. FATHER'S NAME	
	requires that the death certificate be executed within ding physician	attending p ermit. The n, or remov	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	1
	dea	0 5 0	1 18 CAUSE DF DEATH Enter only one cause per line for (a), (b), and (c), 1	J , EÈN
	at the	ed by the attenctransit permit.	PART I. DEATH WAS CAUSED BY: Jong Tens of Kelt last with Yoxamia. ONSET AND DEA	(III
	es th	signed by the burial-transit purial, cremati	conditions, if any, which by Bree to require items	
	law requires that	bee the p	gave rise to immediate cause (a), stating the DUE TO	
	The law	ate fils use as salth pril		PSY D?
	2004	Spilar Sertific e for	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO	· Vice
	G PHYS	After this of the model of the details of the dept.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While	te)
	NDIN		21. I certify that (I) (this hospital) attended the deceased from 7-1-, 1957, to 12-7-, 1966, that (I) (we)	
	OR ATTENDI	3 showith 1	saw the deceased alive on 12-7- 19.66, and that death occurred at 19.66, from the causes and on the date stated at 22a. SIGNATURE 22b. DATE SIGNED	DOV
	. 5	L DIR	ATTENDING MED. STAFF M.B. PHYS. DIRECTOR PHYS. 1	
	O ROSPITAL	- 2 - 2	NAME (Type) Sixhu (26 an yainfield state Ho 1 17.41.	
	TO H	TO FUNE dimeto shoul	Burial (Specify) Burial 12/12/66 Evergreen Mem. Gardens Finksburg Md.	"
		9,0	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	L
		AI5 (4)	Tipton-Eline Fun. Home, Hampstead, Md. DATE DEC 13 1956 Tollarles Judg	



The same of the sa	1(1vi)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
-	202	16993 CERTIFICATE OF DEATH 16990	
after death	funeral and 2 death.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lired, If Institution: Residence before admiss	sien
18	ter ter	CARROLL MARYLAND MARYLAND MASHINGTON	2
1	age Is af	b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest to write RURAL and give nearest town)	Wn)
	E	SYKESVILLE 15 PAYS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 10. IS RESIDE	Nos
A hours	filled aper n 72	ON A FARM	Vf?
	el diff		PSA
exactified within	ding physician. been signed by the attending physician and completely filled in by the len signed by the extending physician and completely filled in by the len burial-transit permit. Then please remove carbon papers. Pages 1 to burial, cremation, or removal, and in any event, within 72 hours after to burial.	3. NAME DF DECEASED (Type or print) HOMER TEFFERSON LACY DEATH 12 8 196	6
1	COM eve	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24	HRS
Tox.	and	WIDOWED DIVORCED 7-13-88 78 Vrs.	
	cian ase nd in	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
4	ples al, au	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
į	ng p Then mov	DECEMSED James Lacy DECEMSED	
2		45. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service)	
requires that the death certificate he	on, on the	1 NO 219-20-3135 HOSP-Records	
9	sit p	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	EN TH
<u> </u>	tran transfer cre	IMMEDIATE CAUSE (a) Chronic (archer V soular arleni Scherolar de	
÷	physician signed the burial-tran	Cenditions, If any, which }	
i i	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	gave rise to immediate	
		underlying cause last. (c)	
The fau	th p	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED	'SY)?
-	al or Ficat	YES ND YES ND 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	X
OHVC1618N.	the hospital or att	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORME YES ND 20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER)	
HACI	this his person of the person		e)
	After ti id be de ne State	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, Place of Injury) 20f. (City or town) (County) (State of Injury) (State of Injury) 20f. (City or town) (County) (State of Injury) (State of Injury) 20f. (City or town) (County) 20f. (City or town)	
ATTENDING	ned It. Af	21. I certify that (I) (this hospital) attended the deceased from 1/-23, 1966, to 12-8, 1966, that (I) (we)	las
_ =	retained CTOR: A should with the	saw the deceased alive on 12-8, 1966, and that death occurred at 8 P. M, from the causes and on the date stated ab	DVe
	Ed Se	M.D. ATTENDING MED. STAFF 12-8-66	
-	may be RAL DIR f, page be filed	22c. PHYSICIAN'S 22d. ADDRESS	
L CONTRACTOR	Page 4 may be retained to FUNERAL DIRECTOR. director, page 3 should be filed with the	Dr. test E. John Sonnetteld STATE MOSP	
5	Page O FUN direct	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)	
	1	Burial 12/12/66 Rest Haven Cemetery Hagerstown Washington Md. 24. FUNERAL DIRECTOR HADDRESS 25a, REC'D BY REGISTRAR'S SKNATURE 1 OFC 12 1966 Clientey Junger	
,	VR AIS (4)	2 + Land Grand Ly Wage to Charles Judge	
	20M 1/65	The second of th	-



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16994 requires that the death certificate be executed within 24 haurs after death. and campletely filled in by the funeral 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before odm.ssion) PLACE OF DEATH o. COUNTY 1412186 c LENGTH OF STAY IN 1h b CITY OR TOWN (If outside carparate limits. c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town EST 17111 1 1 1 R d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 16 Kemper Ave. YES NO F 3. NAME OF Middle 4. DATE Month Year DECEASED Martin 21 19 66 HENRY December John DEATH (Type or print) F UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years 7 MARRIED NEVER MARRIED last birthday) Months Davs White Maba WIDOWED DIVORCED 10o LSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if ret red) INDUSTRY CARROLL CO.MD 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME ELEANOR 16. SOCIAL SECURITY NO 17. INFORMANT SAME MRS. JOHN H INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). signed by the burial-transit p ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Corobral Arteriosclorosis General Arteriosclerosis years Canditians, if any, which gove rise to immediate cause (a). DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been detached far use as the te Dept. af Health priar ta last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATION NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 1B) 200 ACCIDENT WAS UNDERLYING . OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour a.m. factory, street, affice bldg., etc.) Nat While 2). I certify that (1) (this haspital) attended the deceased fram. 1900 to 120 11 director, page 3 shauld shauld be filed with the 1965, and that death occurred at 652 M, fram causes and an the date stated above saw the deceased olive an_____ 22a, SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS 22d. ADDRESS Maurice C. Porterfi NAME (Type) 23d. LOCATION (City or Tawn) 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION 23b DATE THEREOF (County) (State) REMOVAL (Specify) REGISTRAR 5 SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



24	1600r	ERTIFICATE OF D	EATH	16992
2.003	PLACE OF DEATH		ESIDENCE (Where deceased lived,	H institution. Residence hators admiss
Marine Marine	e. COUNTY _	a. STATE	and b COI	INTY
	Carroll	MARYLAND	Maryland	Carroll
	b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest lown)	GTH OF STAY IN 16 c. CITY OR	TOWN (If outside corporate limits, wi	ite RURAL end give heerest fown)
	Middleburg 5	months	Taneytown	*
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g.v.	street address) d. STREET	ADDRESS	e. IS RESIDER
	Brookfield Manor Nursing Hor	me	East Baltimore S	
	3. NAME OF First DECEASED	Middle Lest	4. DATE Mon	nth Day Year
ı		arison Mille		ber 19 1966
ı	5. SEX 6. COLOR OR RACE 7. MARRIED NE	VER MARRIED . B. DATE OF BIRTH	1 9, AGE (In yea	S IF UNDER 1 YEAR IF UNDER 24 H
	Male White WHOWED	DIVORCED March 18	. 1875 last birthday	Months Days Hours Mi
-		USINESS OR INDUSTRY 11. BIRTHPLA	*	12. CITIZEN OF WHAT COUN
	done during most of working life, even if retired) Farmer Farmi;			U.S.A.
	13. FATHER'S NAME		MAIDEN NAME	U.D.R.
		14. MOTHER'S		
- [William H. Miller		Susan Foreman	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no, or unknown) (Hyesgivewerordelesofservice)		Addre	
	no none	Charles R.	Miller Ta	neytown, Maryland
	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).]	2 1	INTÉRVAL BETWEE
	PART I. DEATH WAS CAUSED BY:	ascular U	CC I dent	3 days
	7 3 / X DUE TO		•	
	Conditions, if any, which \ (b)			
	pave rise to immediate cause			
	[a], slating the underlying DUE TO			
	Z PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	IG TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDIT ON G	SIVEN IN PART TO 19. WAS AUTO
]	PERFORM!
	200. ACCIDENT WAS JINDERLYING (20b. DESCRIBE HO 00 CONTRIBUTING (AUSE OF BEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Caracter Vosent	avancess	I IES [] NO
	206, ACCIDENT WAS UNDERLYING 1 206. DESCRIBE HO	OW INJURY OCCURED. (Enter nature of	IFIGTY IN FART I OF FERT II OF HEM 10.	
		OCCURRED 2De. PLACE OF INJURY (F While fectory, streat, office	Home, farm, 20f. (City or town) bldg., alc.)	(County) (Stat
	p.m. 19 at work et	work		
	21. I certify that (I) (this hospital) attended the	deceased from 4/3	Cb 19 10 12 /9	
	saw the deceased alive on 12 18 44	9, and that death occur		
	220 SIGNANUE			2b, D
	Atanyone	M.D. PHYS.	MED. STAFF	12/19/68
	22e, PHYSICAN'S	22d. ADD		-11-16
,	NAME Type J. H. Caricofe, M.	.D.	Union Bridge, Mar	rvland
1		IAME OF CEMETERY OR CREMATORY		~
	REMOVAL (Specify)			24 8
		theran Cemetery	Taneytown	Marylar
	24 FUNERAL DIRECTOR'S SIGNATURE	KODRESS	25s. REC'D BY REGISTRAR 25b.	ional and unda
W	EU / WON / LOGIUL	.7	DATE DEC 2.1 1956	77 (174)



for s	STATE	M	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1696 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 16998
HEALTH			1. PLACE DE DEATH
			a. COUNTY a. STATE b. COUNTY
eral ba	rtment death.	-	D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND Maryland C. LENGTH OF STAY IN 1D write RURAL and give nearest town) Replacement of the corporate limits, write RURAL and give nearest town)
the funeral forms of the funeral forms of the funeral forms of the for	artn r de		Sykesville lyr.8mos.l4dys. Baltimore
the contract	Dep afte		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospite), give street eddress) d. STREET ADDRESS e. IS RESIDENCE DN A FARM?
ay is 3 to 1	State hours	2	Springfield State Hospital 3648 Ash Street YES NO X
<u> </u>	SE		3. NAME DF First Middle Last 4. DATE Month Day Year DECEASED OF DF DF
F,23	h the	_	(Type or print) GEORGE EDWARD MONTGOMERT DEATH December 13 19 00
th. If	2 with within		Male last birthday) Months Days Hours Min.
leath. I Pages th form	it s		
after death. . Give Pages ing with for	1 ar		1Da. USUAL OCCUPATION (Give kind of work done industry) 1Da. USUAL OCCUPATION (Give kind of work done indus
	786	-	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Tuoi E e e			William H. Montgomery Annie E. Fogler
24 1 n Ite Office	E E		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service)
thin cil i	memmit. removal		No 215-07-6563 Records, Springfield State Hospital
EXAMINER: This certificate should be executed within 24 hours be certificate, writing the word "pending" in pencil in Item 18 should be forwarded to the Chief Medical Examiner's Office.			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c). 1 PART I, DEATH WAS CAUSED BY:
Exa	sit or		IMMEDIATE CAUSE (a) (1) Hull full for the state of the st
execter ding ical	al-tra ation,		Conditions, If any, which) DUE TO Strain (time for the formal of the strain of the s
ben Med	buria		gave rise to immediate (
rd rd	44		underlying cause last. (c)
e sh	el es		
ficat the the	ns e		PARTILOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO []
Eing Fing	be prior		20a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of Injury in Part II of Part II of Item 18.) CAUSE OF DEATH.
his c wri	1,		
ate,	S C		2 57 Amor a m / factory, street office bldg, etc.) Springfield State Hospital
tific	986		
Cer	R: P		21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined manner
the state of the s			CHIEF MEDICAL EXAMINER
MEDIC ecute Page	15 See		ACTUAL SIGNATURE () ACTUAL SIGNATURE () ASSISTANT MEDICAL EXAMINER () 22. DATE SIGNED
>- %	AL D		EXAMINER'S DEPUTY MEDICAL EXAMINER L2 S 6 CL 2 S 1 CL
DEPUTY MEDI lease execute irector, Page	retained FUNER of H∎alt		NAME (Type) / W. Glenn Speicher, M.D. Address (Street, enry, journ, or pour of the control of th
o Dead	of H	1	23a. BURIAL, CREMATION, 23b. DATE THEREOF, 23c. NAME OF CEMEJERY OR CREMATORY 23d. LOCATION (City, town or county) (Spate)
-	-	7	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	A15ME \	19	Howald Funeral Home Affermie, Md DEC 19 1966 Geliarles Judge



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16997 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death death physician and campletely filled in by the funeral ien please temave carban papers. Pages 1 and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 b CITY OR TOWN (If autside carparate mits, write RURAL and give negrest tawn) Life Sykesville d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d STREET ADDRESS IS RESIDENCE ON A FARM? R. D. 3 R.D. YES NO K 3. NAME OF Middle 4. DATE First Lost Month Doy Year DECEASED (Type or print) Albert Mickoles 14,1956 D. Dece: her DEATH 5 SEX 6 COLOR OR RACE 8 DATE OF BIRTH 9 AGE (In years 7 MARRIED NEVER MARRIED last birthday) Months Davs Male White Dec. 10.1993 TOo. USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working are, even if retired)
Building Const INDUSTRY Carroll Co., Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Emma T. Heiser Henry Nickoles 16 SOCIAL SECURITY NO 17. INFORMANT SandAddress (Yes, na, ar unknown) (If yes give war ar dates of service 3-05-3074 Mrs. Katharine INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO as the stoting the underlying cause O FUNERAL DIRECTOR: After this certificate has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO Page 4 may be retained by the haspital ar 20g ACCIDENT WAS UNDERLYING [7] 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Haur am. factory, street, office bldg., etc.) , 1966, to 12-14 21. I certify that (1) (this hospital) attended the deceased fram___ saw the deceased alive an 12-14 19 66, and that death accurred at 10576 PM, fram causes and an the date stated above. director, page 3 sha should be filed with 22a, SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) BURIAL CREMATION 23ε (County) REMOVAL (Specify) Providence Cemetery Carrol UEC 19 196 ADDRESS 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16998 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remave carbon papers. Pages 1 and burial, cremation, ar remaval, and in any every, within 72 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY MARY LAND **b.** COUNTY MARYLAND C. LENGTH OF STAY IN 16 c. CITY OR TOWN (to autside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits. write RURAL and give nearest town) Lour. lo mo sools ALTI MORE d STREET ADDRESS IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street/boddress) NO X Huds YES [NAME OF Lost 4. DATE Year Doy DECEASED OF DEATH 5 (Type or print) NNA 1966 IF UNDER 1 YEAR IF LINDER 24 HRS. 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH AGE (In years lost birthday) Months Days Hours TEMALE WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10g LSUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY 10ME 13. FATHER'S NAME JAWARSKI 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give war ar dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH COLLAPS IMMEDIATE CAUSE (a) be retained by the haspital ar attending physician. DUE TO HEROSCLEROSIS Conditions, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED? NO X 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 8 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 9 factory, street, office bldg., etc.) Nat While at wark 21. I certify that (1) (this haspital) attended the deceased from 6 - 20, 1966, to 12-25, 1966, that (1) (we) last 2-25 1966, and that death occurred of 4 & M, fram couses and on the date stated above. saw the deceased alive on_ 22b. DATE SIGNED 22a SIGNATURE M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S State Springfield NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, 23b DATE THEREOF (County) (State) Burgal (Specify) 12/29/66 Sacred Heart of Mary Baltimore Co., Maryland 25b. REGISTRAR S SIGNATURE ADDRESS 2So, REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE Funeral Moze 1407 Eastern Ave. #21 Bruzdzinski

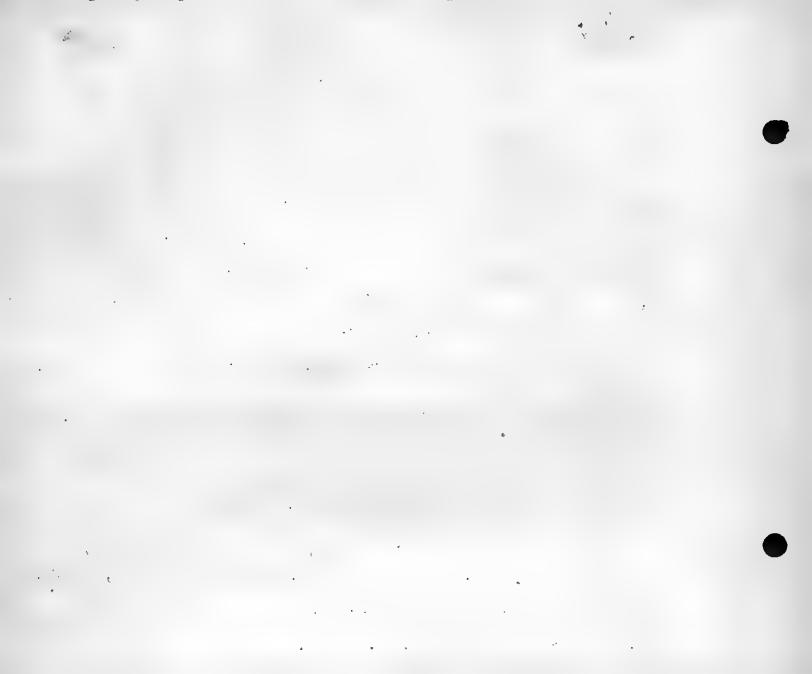




MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived if institution Residence before admission) physicion and campletely filled in by the funeral a. COUNTY o. STATE b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) estminster d STREET ADDRESS e IS RESIDENCE ON A FARM? OR INSTITUTION (If not in hospital, give street address) nerA YES NO NAME OF Middle 4. DATE Month pleose remove carbon Day Year DECEASED OF DEATH Dec 1966 (Type or print) IF UNDER 1 YEAR IF LINDER 24 HRS S. SEX DATE OF BIRTH 9. AGE (in years 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** last birthdoy) X WIDOWED DIVORCED 10b, KIND OF BUSINESS OR 12 CITIZEN OF WHAT 100. USUAL OCCUPATION (Give kind of work done 11, BIRTHPLACE (County & State, or foreign country) INDUSTRY COUNTRY? during mest of working life, even if retired) FAIMING FARMER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI 17. INFORMANT 16 SOCIAL SECURITY NO. Address (Yes, no, or,unknown) [(If yes give war ar dates of service) 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) the hospital or attending physician. DUE TO Canditians, if ony, which gove rise to immediate cause (a) DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been os the Health prior to PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS)
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ATTEN retain ECTOR: 3 shou with th	saw the deceased alive on 12-7 1966, and that death occurred at 11 1-M, from the causes and on the 22a. SIGNATURE 22b. DAT ATTENDING MED. STAFF 22b. DAT	e date stated above TE SIGNED
PITAL 4 may ERAL or, pa	22c. PHYSICIAN'S NAME (Type) Rita S. Glaha 22d. ADDRESS Springfield State Hospital, Sy	kesville
TO HOS Page TO FUNI direct	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or coun Bremoval (Specify) 12-12-66 Arbutus Memorial Park Baltimore, Maryla 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR	ind
VR AI5 (4)	Charles R. Law 802 Madison Ave., Balto., Md. DATE DEC 14 1956	res Judge



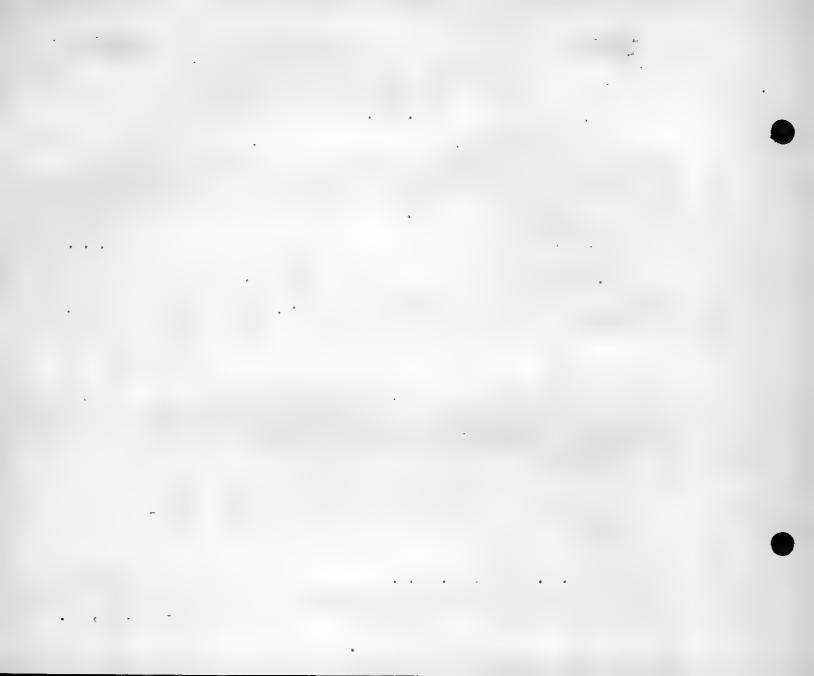
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17002 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) o. COUNTY Carroll a. STATE b. COUNTY by the ottending physicion and completely filled in by the funitonasit permit. Then please remage-corbon papers. Pages 1 k cremation, or removal, and infany event, within 72 hours after d MARYLAND Maryland Allegany b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Sykesville C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 9mos.8dvs. Barton d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? **** Springfield State Hospital NO 🖼 remove-corbon p 3 NAME OF Middle 4 DATE Year DECEASED (Type or print) CALVIN FRANK PRESTON DECEMBER 12 19 66 DEATH IF UNDER I YEAR | IF UNDER 24 HRS. S SEX 6 COLOR OR RACE DATE OF BIRTH AGE (In years 7 MARRIED NEVER MARRIED birthdoy) Doys Hours 3-25-30 White Sep. DIVORCED Male 10a JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 1). BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)

Coal Miner INDUSTRY U.S.A. Maryland 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Gladys M. Moore John P. Preston IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service 213-24-5108 Records, Springfield State Hospital No cremation. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the buriol fromsit p buriol, crematic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Oligodendroglioma YONSET AND DEATH physicion. (b) Bronchopneumonia Days Conditions, if ony, which gove rise to immediate cause (a). DHE TO stoting the underlying cause the hospital or attending TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending TO FINERAL DIRECTOR: After this certificate has been os the Infected decubitus ulcers Weeks PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)

Chronic brain syndrome associated with new growth with behavioral reaction (oligodendroglioma, recurrent, and brain surgery)

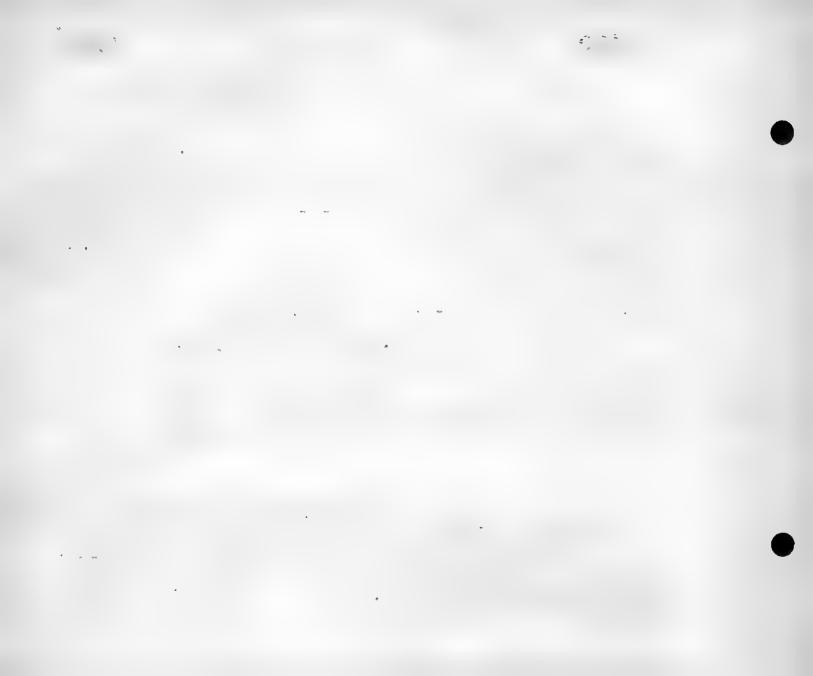
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dth	signed by the attending physical and camplets burial-transit permit. Then prese remaye carburial, crematian, ar remayal, and in any event,		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) (If yes give war ar dates of service)		NFORMANT	Address 195 E-MAIN ST.
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ON Pe	t: Af		21. I certify that (1) (this haspital) atte	nded the deceased tram	death accurred at 6 M. from	2/23, 1966, that (I) (we) last causes and an the date stated above.
A TT A rigini	P S E		220 SIGNATURE			22b. DATE SIGNED
OR ATTENI	\$ 3 E		Unicent & Prior	A) M.D	13.10	12/23/66
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O HOSPITAL Page 4 may	Figure 1		230. BURIAL, CREMATION, REMOVAL (Specify) 12/27/66	23c NAME OF CEMETERY OR C BETH DAU17		
200	2 ~		24. FUNERAL DIRECTOR	ADDRESS	25gLTREC'D BY-REGISTRAR	25b., REGISTRAR'S SIGNATURE
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Ma	Division of STATISTICAL RESE	MARYLAND STATE DEF ARCH AND RECORDS, 301			AND 21201	
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~⊧	Springfield State Hospi	Middle		, DATE Month		Year
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	S. SEX 6 COLOR OR RACE 7 MARRIED WIDOWED	INE SERVING THE SERVING	7-14-02	9 AGE (In years tast birthday) 9 yrs	Months Days Hou	DER 24 HRS. Irs Min.
		CIND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (County & St. Pennsylvania		12. CITIZEN OF WHA COUNTRY? U.S.A.	ĺ
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM			
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	Canditions, it any, which gave rise to immediate couse (a), stating the underlying cause last	advanced, bilat			ONSET AN	D DEATH
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	OR CONTRIBUTING CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRED. (I	Enter nature of injury in Part	t I or Part II of item 18.)		
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	230 BURIAL CREMATION, 23b. DATE THEREOF 12-12-66	232 NAME OF CEMETERY OF C	REMATORY CEMPLEKY 250. REC'D BY	23d. LOCATION (City or Fox	vn) (County))///e M GISTRAR'S SIGNATURE	(State)
AF	24 FUNERAL DIRECTOR	And Appress	DATE DE C		Charles Ju	dge



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law r ending been ss the riar to	last (c) Arteriolos PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT M	eclerotic Heart Disease	Years
AN: The law read of or attending licate has been for use as the Health prior to	& CBs. sande brain diseas		19. WAS AUTOPSY PERFORMED? YES NO
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N OR / y be re y be re oge 3 seried wi	22c. PHYSICIANS NAME (Type) S. P. (1,50)	M.D ATTENDING MED. STAFF 22d. ADDRESS Springfield State Hosp.	12/17/66
O HOSPITAL Page 4 may O FUNERAL I director, pag shauld be fill	230 BURIAL CREMATION 23b DATE THEREOF 23c NAME (OF CEMETERY OR CREMATORY 23d LOCATION (Giry or Town)	(County) (State)
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VR A15 (4) 20 M 1/66	Which Tubner Asons Their	LAL KILL DATE COLINIE CO	· 120 Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17006 CERTIFICATE OF DEATH low requires that the death certificate be executed within 24 haurs after death. after death. by the funeral -and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY b. COUNTY MARYLAND b City OR TOWN (If autside carporote limits, C LENGTH OF STAY IN 15 (If autside corporate limits, write RURAL and give nearest tawn) write RJRAL and give nearest town! hours and completely filled in e IS RES DENCI ON A FARM? popers d NAME OF HOSPITAL OR INSTITUTION (If not n hospital, give street address) d STREET ADDRESS YES 🗍 NO DO carbon 3. NAME OF First Middle 4. DATE Last Month Dov Year DECEASED OF DEATH 12 1966 (Type or print) S SEX 6. COLOR OR RACE 7 MARRIED DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED last birthday) Months Days Hours DIVORCED Too USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CT ZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY 2 USEKE 13 FATHER'S NAME 16 SOCIAL SECURITY NO INFORMANT Iff yes give war or dates of service). INTERVAL BETWEEN ONSET, AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) burial-transit PART I DEATH WAS CAUSED BY. CONGESTIVE IMMEDIATE CAUSE (o) signed by DUE TO Canditions, if any, which gave ARTERIOSCLEROTIC rise ta immediate cause (a). DUE TO stating the underlying cause the hospital or ottending O FUNERAL DIRECTOR: After this certificate has been os the last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) for use Heolth I BILATERAL NEUMONITIS YES NO [20g ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) Haur o.m. foctory, street, office bldg, etc.) O HOSPITAL OR ATTENDIN Page 4 may be retained by 1966 to 12/1 21. I certify that (I) (this haspital) attended the deceased fram_ 11130 , 1966, that (I) (we) last 19 66, and that death accurred at 10 37 M, fram causes and an the date stated above saw the deceased alive an_ 12/1 220 SIGNATURE 22b. DATE SIGNED MED. DIRECTOR ATTENDING director, page should be filed 22d ADDRESS PHYSICIAN'S NAME (Type) JR WESTMINSTE 23g. BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 24 FUNERAL DIRECTOR 25g. REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE VR A15 (415 1966



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17007 CERTIFICATE OF DEATH the ottending physician and campletely filled in by the funeral sit permit. Then please remave carban papers. Pages I and 2 hours after death The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH a. COUNTY a. STATE **b.** COUNTY Carroll Maryland MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural -- Svkesville Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in haspitol, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS 2600 Ailsa Avenue Springfield State Hospital YES NO DO NAME OF 4. DATE First Lost Day Year DECEASED 12 20 19 66 Ella Russell Catherine DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS SEX 6 COLOR OR RACE 8. DATE OF BIRTH 9 AGE (In years 83 (ost birthdoy) 7. MARRIED NEVER MARRIED Months Doys Haurs 3/2D/83female white WIDOWED DIVORCED 11. BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR during most of warking life, even if retired) COUNTRY? INDUSTRY Maryland USA housewife 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME Ella Duffy John Duffy 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give was or dates of service) Springfield Hospital records, Sykesville, Md. 215-16-2223 no crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-tronsit p ONSET AND DEATH Cardiac failure IMMEDIATE CAUSE (o). Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by DUE TO burial, Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Chronic brain syndrome associated with senile brain disease with for use Health (NO DO YES psychotic reaction 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City or town) (State) 20d. INJURY OCCURRED (County) 20c. TIME OF INJURY Month, Day, Year foctory, street, affice bldg., etc.) Not While 19 ot wark ot work 7/15/ . 19 66 . ta ____12/20/ . 19 66 . that th (we) last 2]. I certify that PN (this haspital) attended the deceased fram_ 1966, and that death occurred a9:00a M, from causes and an the date stated above saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED ATTENDING 12/20/66 M.D. DIRECTOR PHYS PHYS director, page shauld be filed Springfield State Hospital 22d. ADDRESS PEYS.CLAN'S NAME (Type) Naci N. Buyukunsal, M.D. Sykesville, Maryland 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 23o. BURIAL, CREMATION, REMOVAL (Specify) 12/23/66. Woodlawn Cemetery Baltimore, Md. ADDRESS 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Leonard J. Ruck, Inc. Balto. Md. 21214 Ocharles Video



1 (N)	MARYLAND STATE DEPARTMENT OF HEALTH
7 (1)	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 17005
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fille fille in 72	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address) d. STREET ADDRESS BOX 222 (1// e. 15 RESIDENCE ON A FARM? YES NO
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ecuted id com nove c	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS.
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nat t Sian. ed b tran , cre	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL THROMBOSIS
ING PHYSICIAN: The law requires that the death certificate i by the hospital or attending physician. After this certificat has ■em signed by the attending pays be detached for use as the burial-transit permit. Then page State Dept. of Health prior to burial, cremation, or removal,	Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO DUE T
www.rend tend as as as t	underlying cause last. (c)
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OR ATTENDING be retained by JIRECTOR: After je 3 should be sed with the Staf	21. I certify that (I) (this hospital) attended the deceased from DEC 1962, to DEC 1966 that (I) (we) last
ATTENDI ATTENDI CTOR: A Should ith the S	saw the deceased alive on DEC. 16 19.66, and that death occurred at 7.50 M, from the causes and on the date stated above.
y be r DIREC	GRAND SWOULDER M.D. ATTENDING MED. STAFF 12-16-66
TO HOSPITAL OR ATTENDIN Page 4 may be retained in FUNERAL DIRECTOR, Af director, page 3 should be filed with the S	THE TWELLIVEN 22d. ADDRESS OF PAGE 1864 P. M. STER M.D.
Pag diring Sho	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Burial 12/19/66 Leister's Cemetery Garroll Co. Md. 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE
VR A15 (4) 17-1 15M 4-64 1	Tipton-Eline Funeral Home, Hampstead, Md. DEC 20 1966



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed, if Institution: Residence before edmission) a. COUNTY b. COUNTY Carroll Carroll MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURA, and give neerest town) write RURAL end give neerest town) iddleburg 110 . Rural -- Westminster d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? R.D. # Brookfield Yanor Tursing Home YES NO 7 3. NAME OF 4. DATE Month Yeer DECEASED OF (Type or print) DEATH SHIPLEY 1966 Dec. and cor 6. COLOR OR RACE , 7 MARRIED T NEVER MARRIED IF UNDER 24 HRS 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR last burthday) | Months | WIDOWED [DIVORCED [X] male aw requires that the death certificate 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Marvland U.S.A. retired farmer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Shipley Annie Zenn Grove 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unkown) | (Ifyes givewer or dates of service) Ralph G. Hoffman, Westminster, Md. no none 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 10 vescular accident IMMEDIATE CAUSE (e) **DUE TO** Conditions, if any, which (b) gave rise to immediate couse DUE TO (e), steting the underlying ceuse lest. PART I, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE CONDITION G VEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO (an die Masch 4) que ave 20e. ACCIDENT WAS UNDERLYING 1 20b. DESCR BE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (Steta) 20c. TIME OF INJURY Month, Day, Year factory, street, office bidg., etc.) While Not While Hour e.m. at work st work D. ID L. RE, 19, that (I) (we) last 99.19..... and that death occurred at 7.22.M, from the causes and on the date stated above. saw the deceased alive on. 228 SIGNATURE ATTENDING ! PHYS. DIRECTOR PHYS, death. Page 41 M.D HOSPITA 22c. PHYSKAN'S 22d. ADDRESS NAME (Type Union Bridge Ad. director, I 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) OH Carroll Co. laryland Park Deer 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) C.M. Waltz, Box 241, Sykesville, Md. Charles & 1SM 7/61



- 1/W	MARYLAND STATE DEPARTMENT OF HEALTH _QUYLSION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
E =02	17070 CERTIFICATE OF DEATH 17007
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rrs a	write RURAL and give nearest town)
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n 24 y fille pape hin 77	Long View nevering Home Box 4 N. Main St YES NO DE
executed within 24 hours after and completely filled in by the remove carbon papers. Pages 1 any event, within 72 hours after	3. NAME OF DECEASED Last 4. DATE Month Day Year
comp e ca	Type or print) CC 1 1 5 6 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (ID. YEAR FUNDER 24 HRS.
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Siglan seemed and in	to a. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR dring most of working life, eyen If retired) INDUSTRY INDUSTRY 12. CITIZEN OF WHAT COUNTRY?
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	George A Shower MARY E Mc Ilhenney
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hat the death cician. ician. Itransit permit. I, cremation, or r	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH
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E 0 4 5 %	21. I certify that (I) (this hospital) attended the deceased from, 1947, to /2e /5 , 1966, that (I) (we) last
— — (7) ≥=	saw the deceased alive on 122 1966, and that death occurred at M, from the causes and on the date stated above. 22a. SIGNATURE 1 7 22b. DATE SIGNED
	M.D. ATTENDING MED. STAFF 12/15/66
SPITA 4 m IERAI for, p	22c. PHYSICIAN'S NAME (Type) W. H FOATA MO 22d. ADDRESS NAME (Type) W. H FOATA MO 22d. ADDRESS
TO HOSPITAL Page 4 may TO FUNERAL director, page should be file	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
E E S	Burial 12/18/66 Manchester Cemetery Manchester 252. REC'D BY REGISTRAR'S SIGNALURE ADDRESS 252. REC'D BY REGISTRAR 255. RECHOTRAR'S SIGNALURE ADDRESS
VR A15 (4)	Tipton-Eline Fun. Home, Hampstead, Md.
20M 1/65	I WIE CLO W



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY. MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town! d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 43 YES AND NAME OF First Middle 4. DATE Month Day Yeor (Type or print) DEATH 196 5. SEX 6. COLOR OR RACE IF UNDER TYEAR IF UNDER 24 HRS 17. MARRIED THEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Months WIDOWED | DIVORCED [100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANI 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Conditions, if any, which gave rise to Immediate **DUE TO** couse (o), stoting the underlying couse lost, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES 🔲 NO 🗔 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20d. INJURY OCCURRED Day, Year (County) (Stole) factory, street, office bldg., etc.) Hour a. gr. While Not while at work of work p. m Dec 9 21. I certify that I attended the deceased from_ ____, 19_6, that I last sow the deceased , and that death occurred at ALLAN, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATUR PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Md. Rueia Sater's Baptist Cemetery Balto. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Tipton-Eline Fun. Home. Hampstead, Md.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17009CERTIFICATE OF DEATH To Co 17012 The law requires that the deoth certificate be executed within 24 haurs after deoth ompletely filled in by the funefal ye corbon papers. Pages 1 and 2 event, within 72 hours after deoth PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE Maryland Baltimore 6ity Carroll MARYLAND b CITY OR TOWN (If outs de carparate limits, write RURAL and give nearest town) Rural--Sykesville c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 3b Baltimore, Maryland 21206 yr 2 mons d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 11 dvsd STREET ADDRESS 5747 Cedonia Avc. e IS RESIDENCE ON A FARM? Springfield State YES NO T 3 NAME OF Middle signed by the attending physican and completely fouriel-transit permit. Then please remove corbon burial, cremotion, or removal, offer any event, with 4. DATE Manth Day Year DECEASED
(Type or print) OF DEATH Elizabeth Genevieve Snyder IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE B. DATE OF BIRTH AGE (in years 7. MARR ED **NEVER MARRIED** Set 82 birthday) Manths Days Haurs White Female 9-1-84 WIDOWED DIVORCED 100, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 31 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) itress-Hasslingers COUNTRY? Baltimore, Md. 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Mary Coulehan Michael Barrett 17. INFORMANT IS WAS DECEASED EVER IN .. S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, na, ar unknawn) (If yes give war ar dates af service) 12-01-4072 A Springfield Hospital Records, Sykesville INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ottending physicion. **DUE TO** Conditions, if any, which gove rise to immediate cause (a), DUF TO stoting the underlying cause O FUNERAL DIRECTOR: After this certificate hos been detoched for use as the re Dept. of Health prior to last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20g ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, (City or town) (State) 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (County) Haur a.m. Not While factory, street, affice bldg, etc.) at work be retained by 19 59, to 12-11 _____, 19<u>_66</u> that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased from 9-14 and that death occurred of 922 AM, fram couses and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE - ATTENDING DIRECTOR pode 22d. ADDRESS 22c. PHYSICIAN'S ENSEL CT. NAME (Type) director, 230 BURIAL, CREMATION, REMOVAL (Specify) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE THEREOF (County) (State) 12/14/66 New Cathedral Cem. Bolti more. 24 FUNERAL DIRECTOR Funeral I'ome, Inc. 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4 3331 rehms Lane



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17013 requires that the death certificate be executed within 24 hours after death. sician and completely filled in by the funeral PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE Carroll MARYLAND Marvland c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carparate limits, CLENGTH OF STAY IN 16 write RuRAL and give pearest town) ve carbon papers. Paç event, within 72 haurs Rural -- Sylesville hrs. d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp tol, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Co. General Liberty Road YES NO TX 4 DATE Month 3. NAME OF Middle Doy First Last Year DECEASED STEM 19 66 Dec. (Type or print) DEATH IF JNDER 24 HRS 5 SEX 9. AGE (In years IF UNDER I YEAR 6. COLOR OR RACE 7. MARRIED 8 DATE OF BIRTH NEVER MARRIED Months last birthday) Hours female white WIDOWED DIVORCED arch Q 1916 10o, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during mast af warking life, even if retired) INDUSTRY COUNTRYA Karvland Sec v nsurance 13. FATHER'S NAME 14. MOTHER S MAIDEN NAME G. Millard Holter Bessie Kefauver 16. SOCIAL SECURITY NO. 17. INFORMANT Address 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown) (If yes give war ar dates of service) 14-18-9472 W.F. 3tem same as INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: signed by the burial-tronsit p ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying cause be retained by the haspital or ottending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the Health prior to WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES NO 205, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20o ACCIDENT WAS UNDERLYING OR CONTRIBUTING CO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Stote) Hour a.m. factory, street, office bldg., etc.) Nat While at work ot work 19=6, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram 12 3 Dec 3 1966 to 1966, and that death occurred at M, from causes and an the date stated obove. saw the deceased alive on_ 22b. DATE SIGNED 22o. SIGNATURE PHYS. DIRECTOR M.D. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) M. D. should 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) Ebenezer 12-6-66 ADDRESS 2Sq. REC'D BY REGISTRAR 25b. 24. FUNERAL DIRECTOR Charles 1956 VR A15 (4) 041, 3 resville, hd. 20 M 1/66



	,	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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executed within 24 hours after death nand completely filled in by the funeral remove carbon papers. Pages 1 and 2 nany event, within 72 hours after death.	3	DECEASED OF O
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death certificate be he attending physiclar permit Then please tion, or emoval, and i		Richard Fugett Ann Jett
93 TE 186	10	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMANT Address (es, no, or unkown) ((If yes nive war or dates of service)
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requires that the ding physician, been signed by the burial-transit or to burial, creman		18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH
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phy phy n sig buri buri		Genditions, if any, which gave rise to immediate (b) Cleronic teram Iguilline
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PASPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fairector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I should be filed with the State Dept. of Health prior to burial, cremation, or emoval, and in any event, within 72 hours after	CERTIFICATION	20a. ACCIOENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) DR CONTRIBUTING CAUSE DE DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
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ATT rets ECTO 3 sh with		saw the deceased alive on 19 19 6, and that death occurred at 2.20M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNEO
L OR DIR DIR Age		Howard & Hall M.O. ATTENDING TO MED. STAFF D. 30 Dec 66
SPITA 4 ma NERAL tor, p	/	22c. PHYSICIAN'S NAME (Type) HOWARD E. HALL SYKESVILLE, Md.
Page Fuge direction	2	Ba. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)
E E	-	A SUNERAL DIRECTOR A AOORESS A A DISTANCE LEGISTRARY SIGNATURE
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20M 1/65	=ו כ	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17015 deoth requires that the death certificate be executed within 24 hours after death. funeral 1 and . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY Carroll a. STATE b. COUNTY MARYLAND Maryland Carroll b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) by the attending physician and completely filled in by the ronsit permit. Their please remove carbon papers. Pages C. LENGTH OF STAY IN 16 Newborn Westminster Westminster d. NAME OF HOSPITA, OR INSTITUTION (If not in hospital, give street godress) A STREET ADDRESS e. IS RESIDENCE ON A FARM? 820 Baltimore Blvd NO X Carroll County General Hospital YES I 3. NAME OF 4. DATE Farst Last Manth Day Year DECEASED
(Type of print) Baby Boy Turfle 19 66 DEATH S SEX 6 COLOR OR RACE 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED AGE (In years NEVER MARRIED last birthday Months Davs Hours White DIVORCED December 9. Male 1966 10a, USUAL OCCJPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if ret.red) INDUSTRY COUNTRY? Not applicable
13 FATHER'S NAME Not applicable Carroll County, MD United States 14. MOTHER'S MAIDEN NAME remoya James W. Turfle Nannie M. Hill 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 820 Baltimore Blvd. (Yes, no, or unknown) (If yes give wor ar dates of service No None Mother -Westminster, Maryland 21157 cremotion. 18 CAUSE OF DEATH (Enter only one cause per time far (a), (b) and (c)) INTERVAL BETWEEN signed by the buriol-tronsit p buriol, cremotive PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause Poge 4 may be retained by the hospital or attending os the hos been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES X O FUNERAL DIRECTOR: After this certificate وٰ 20a ACCIDENT WAS UNDERLYING D 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of wajury in Part 1 or Port II of item 18. OR CONTRIBUTING CAUSE OF DEATH be detached State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Caunty) (State) Hour o.m. factory, street, affice bldg., etc.) Not While at wark at wark 9 , 19 (6, that (1) (we) last 2). I certify that (1) this haspital) attended the deceased fram 12/7 , 19<u>66</u>, ta should 19 66, and that death accurred at 6:04 M, fram causes and an the date stated above saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED ATTENDING director, page 3 should be filed v M.D. DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) William 150 W. Main St., Westminster, MD O'Rourke. M.D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (State) Released to h & Stylet affector ADDRESS 2So. REC'D BY REGISTRAR 25h. REGISTRAR'S SIGNATURE VR A15 (4) 1966 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17016 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death ampletely filled in by the funeral ve carban papers. Pages 1 and event, within 72 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY n. STATE **b.** COUNTY Carroll Maryland MARYLAND Allegany b CITY OR TOWN (If outside corporate limits write RURAL and give nearest town)
Rural—Sykesville E. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland 4v 2m 1d d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 1507 Frederick Street Springfield State Hospital YES NO 🚽 3. NAME OF Middle 4. DATE remove carban Year Day DECEASED (Type or print) OF DEATH ANNA MAE TWIGG 1966 S SEX 9. AGE (n years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE B. DATE OF BIRTH 7 MARRIED 18 NEVER MARRIED 73-93 vrs. Manths Davs Hours 7-26-93 WIDOWED DIVORCED Female White 1) BIRTHPLACE (County & State or fareign country) 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 106, KIND OF BUSINESS OR COUNTRY? U.S.A. during most of working the even if retired) fe Own Home none 13 FATHER'S NAME Cumberland, Md 14 MOTHER'S MAIDEN NAME Mary Connors Isaac Norris 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war ar dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 220-54-6027 Springfield Records, Sykesville, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p burial, crematic ONSET AND DEATH Heart Failure (days) IMMEDIATE CAUSE (a). DUE TO Arteriosclerotic heart disease (years) Canditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause as the prior tal Page 4 may be retained by the haspital ar attending IO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) WAS AUTOPSY PERFORMED? C.B.S. with cerebral arteriosclerosis with behavioral reaction YES X NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a ACCIDENT WAS JNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While at wark 21 | certify that (d) (this haspital) attended the deceased from 10-11, 19-62, ta 12-12, 19-65, that (4) (we) last saw the deceased alive an 12-12, 1965, and that death accurred at 11:00% from causes and on the date stated above. director, page 3 shauld shauld be filed with the saw the deceased alive an 12-12 22b. DATE SIGNED 22a. SIGNATURE ATTENDING 12-13-66 DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S Springfield Hospital, Sykesville, Md. NAME (Type) Ilse Kamm. M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE THEREOF 230 BURIAL, CREMATION, (County) Buria T Greenmount Cemetery Cumberland Md. Allegany 1986 REPRESE HOWER LOC Dec.16,1966 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 James F. Scarpelli, Cumberland, Md.



IN	\l		Division of STATIS				PARTMENT OF H W. Preston Stri		IMORE, MARYI	LAND 21201		
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Ith and including	TS (Ye	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war ar dates i	of service) 16	SOCIAL SECURITY NO.		NFORMANT		Addr			
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The low requires that the d=th tertificate be executed within 24 hours ofter death attending physician. has been signed by the attending physician and campletely filled in by the funeral see as the buriol-transit permit Them please remove carbon papers. Pages I and 2 th prior to burial, cremation, or removal, and in any event, within 72 hours after death.		PART I DEAT	EATH (Enter galy one cou TH WAS CAUSED BY, IMMEDIATE CAUSE	(a) Bil	(a), (b), and (c)) ateral bro	ncho	neumonia				ONSET AND	
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O HOSPITAL OR Poge 4 moy be 1 O FUNERAL DIRI director, poge 3 should be filed v	235	BURIAL, CREMATIC REMOVAL Specify	DN, 23b DATE TH	- 66	WAShingto		Asonic Cemen	er (LOCATION (City or To	toN .	" V,	(State) A
VR A15 (4) 20 M 1/66	24	SUNERAL DIRECTO		ht -	Sylesielle	7 . /	7/1/1 M	DEC 6	1966	EGISTRAR'S SIGN		detr
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17018 CERTIFICATE OF DEATH and requires that the death certificate be executed within 24 hours after death deat 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) ./ p. COLINTY b. COUNTY Baltimore Carroll MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Westminster CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Balto. 21212 16 days Idlewylde d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Carroll County General Hospital 6514 Banbury Road YES NO Z NAME OF Middle 4. DATE First Lost Month Dov DECEASED December 1966 White. Jr. 20. Charles Steuart DEATH (Type or print) S. SEX 8. DATE OF BIRTH 9. AGE (In years last birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED Dovs Hours WIDOWED DIVORCED □ August 14.1908 Male White 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? pleas Own Agency Maryland Auto Dealer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Blanche Macey Charles S. White. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) Family Records Vone 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Coronary Thromboses Conditions, if ony, which gove rise to immediate couse (a). **DUE TO** stating the underlying couse Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been as the last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? far use NO YES 20o. ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. TIME OF INJURY Month. Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) factory, street, office bldg., etc.) Not While of work of work 21. I certify that (1) (this haspital) attended the deceased fram Dec 4, 1966, ta De 20, 1966, that (1) (we) last saw the deceased alive an Dec 20, 1966, and that death accurred at 25 M, fram causes and an the date stated above. 1966 to Dec 20, 1966, that (1) (we) last 22o. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 1 destrunste director, shauld be 230. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) REMOVAL (Specify) Parkville, Maryland Moreland Memorial Park 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 John Burns' Sons, Towson, Maryland DATE

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		Division of STATISTICAL R	MARYLAND STATE DE ESEARCH AND RECORDS, 301			21201
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VI		PLACE OF DEATH O. COUNTY CARROLL	MARYLAND	O. STATE MARVE		ARROLL
00		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) UNION BRIDGE	LENGTH OF STAY IN 15 YEARS	UNION	de corporate limits, write RURAL ond BRIDGE	061
00		d, NAME OF HOSPITAL OR INSTITUTION (IF not in hospi MAIN STREET — R	tol, give street address) ESIDENCE	d. STREET ADDRESS MAIN S	TREET	e, IS RESIDENCE ON A FARM? YES NO
I		NAME OF DECEASED (Type or print) RUTH JEANNE SEX 6. COLOR OR RACE 7. MARR		Lost B. DATE OF BIRTH		DER I YEAR JIF UNDER 24 HRS.
	duri	ing most of working life, even if retired) HOUSEWIFE	b. KIND OF BUSINESS OR INDUSTRY HOME	JUNE 27, 189 11. BIRTHPLACE (County & S CARROLL	itate, or foreign country) 12. - MARYLAND	COUNTRY? USA
	13.	FATHER'S NAME WILLIAM ECKAR		14. MOTHER'S MAIDEN NAI	LETTE MARTI	IN
ייים לינפוומוסוי מו בפוומים לימים וויים מולים מו	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? is, ng, or unknown) (If yes give wor or dotes of service)		NFORMANT ONROE B. WII	SON UNION	BRIDGE, MD
0		18. CAUSE OF DEATH (Enter only one couse per line part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (o), storing the underlying cause lost. (c)	e for (a), (b), and (c).)	rotic Hoar	t dispage	INTERVAL BETWEEN ONSET AND DEATH
0	MOIT	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO 1/2
0	CERTIFICATION	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURRED. (130	t 1 or Port 11 of item 18.)	
	MEDICAL	Hour o.m. 19 of	While Not While factor	E OF INJURY (Home, form, pry, street, office bldg., etc.)		(County) (Stote)
		21. I certify that (1) (this hospital) at sow the deceased glive on 12/220. SIGNATURE	19, and that	ATTENDING ATTENDING	M, from causes and ar	DATE SIGNED
1		22c. PHYSICIAN'S J. H. CARI	COFE M.C	22d ADDRESS	BRIDGE, MAK	PYLAND
0	1		23c. NAME OF CEMETERY OR C	CEMETERY		(County) (State) REDERKK MD. S SIGNATURE
D	1	J. D. Sarples So	ns Union Bride	2E, Md DEC 2	9 1966 gregistran	es Judge

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